Date

Faculty Name

Address

City, State, Zip

Dear Dr./Mr./Ms. Last Name:

I am pleased to offer you an appointment of Chair of the Department of name of department effective XX/XX/20XX for a four-year term through XX/XX/20XX. A recent acceptability vote from the department confirms that this appointment has the support from the department faculty and staff.

The terms of the offer of appointments as Chair of the Department of name of department, as well as your current salary status, are as follows:

Your term as Chair of the Department of name of department will begin on XX/XX/20XX, and continue through XX/XX/20XX, subject to satisfactory annual performance, with the potential for renewal for subsequent terms of appointment as department chair. As true in any administrative appointment you serve at the pleasure of the University.

Salaries for department chairs are on a 12-month pay basis. Your 12 month annual salary in the academic year 20XX-20XX will be $ Amount. Starting XX/XX/20XX, you will also receive a monthly augmentation for serving as department chair. The amount of the augmentation is based on the size of the departmental faculty on September 1. In the prior academic year, the augmentation was $Amount per month. In addition, you will begin accruing vacation leave at a rate based on your years of service with the state of Texas. Please see university policy 05.055 for additional detail regarding vacation accrual and utilization.

As chair you are still expected to do a reasonable amount of teaching and research. The exact workload distributions may be set with consultations with me and can vary from semester to semester.

At such time as you would leave the chair position and return to faculty, your salary as Professor would be reduced to a nine-month pay basis of $Amount with the addition of any merit increases and adjustments received during your appointment as chair calculated on the nine-month base salary and contingent upon the provisions outlined in university policy 06.009 “Tenured Administrators Returning to Full-Time Academic Status."

Please indicate your acceptance of this offer by signing below and returning this document to my office. I look forward to working with you in the coming year.

Sincerely,

Dean’s Name

Dean, College

Enclosures

I accept the offer as described in this letter.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_