9-month Tenured-Faculty-Sample Study-Research Leave

(Supersedes contract dated 00/00/0000)

Position No. F\_\_\_\_\_\_

<DATE>

 Banner ID# V

<NAME>

<ADDRESS>

<ADDRESS>

Dear <NAME>:

I am very pleased to continue your tenured faculty appointment at Virginia Commonwealth University effective August 10, 202\_. This appointment is a full-time position as a(n) <RANK> in the <DEPT>, <SCHOOL OR UNIT>. You are granted a study-research leave with <full pay, half pay, or partial pay> for the Fall <YEAR> semester beginning August 10, <YEAR> through December 31, <YEAR> or the Spring <YEAR> semester beginning January 1, <YEAR> through May 15, <YEAR>. Your salary for this position during the leave will be based on an annual salary of $<SALARY>.

The terms and conditions of your appointment are set forth in the enclosed***Virginia Commonwealth University Terms and Conditions of Employment****.* If applicable, you will receive a salary notification regarding any subsequent changes.

If you have any concerns or questions about your appointment, please contact <NAME OF CONTACT PERSON>, <TITLE OF CONTACT PERSON>, <SCHOOL or UNIT>. If this appointment is acceptable to you, please sign and return this Appointment Contract to me at \_\_\_\_\_\_\_\_\_@vcu.edu (or to me using the enclosed envelope). We look forward to hearing back from you within ten (10) days of your receiving this appointment contract.

I hope that your association with Virginia Commonwealth University continues to be pleasant and rewarding.

Cordially,

DEAN’S NAME

Dean, < SCHOOL OR UNIT >

Enclosures

By signing below, I agree to the terms and conditions of this contract, acknowledge I have read the attached *Terms and Conditions of Employment*, and hereby accept this appointment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ This offer is not valid unless signed.

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date