DATE

Name

Street Address

City, State, Zip

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_:

This letter is to offer you additional [teaching/administrative/service] duties to your already existing faculty appointment in the Department of XXX at the School of Medicine and Health Sciences (SMHS) at the University of North Dakota (UND) under the following terms:

* Program: XXX[Department/Division], XXX [School/College] Remove if this is the same as current department
* This responsibility is in addition to duties listed in your 2019-2020 Faculty contract and is, therefore, considered an overload.
* Period of additional duties: [dates tied to the semester in which duties will be performed]
* Salary for additional duties: $ XXX
* This offer is subject to the final approval of the Vice President for Health Affairs/Dean of UND School of Medicine and Health Sciences.

This appointment is limited to the agreement period stated above. These additional duties may be offered again at the discretion of UND.

1. **Responsibilities:**

These additional responsibilities are determined by the Department of XXX, and are subject to change based on the needs of the Department and/or School/College. These responsibilities/duties may change as a result of periodic evaluations and goal-setting.

1. **Teaching/research/administrative/service:** Your additional assignment will be **[list specific duties].**

**[If teaching]:** Should enrollment fluctuate, causing cancellation of any course section you have been assigned to teach, the course could be replaced or the percent time of your appointment or your assignment will be adjusted.

**[If administrative]:** In the position of [title/name], you will report directly to the [Supervisor with Title] and will work with the [Supervisor with title] to carry out the responsibilities of the College and to accomplish its strategic goals. In performing as [Title], you will be evaluated by [Supervisor with title]. The evaluation of your performance will be reported to your department and included in your department’s regular evaluation process. This evaluation will not supersede or replace but rather inform the department’s regular evaluation process. This administrative assignment has no tenure rights and you serve at the pleasure of [supervisor with title].

1. **Miscellaneous:** This Agreement incorporates your 2019-2020 Faculty Contract as material terms and conditions in addition to those stated which together constitute the entire Agreement between the parties. This Agreement may not be modified except by means of a written amendment signed by the parties.

Please confirm your acceptance of these additional duties by signing and dating the agreement. Please return a copy of the signed letter to the Office of Education and Faculty Affairs/Department Chair, University of North Dakota School of Medicine and Health Sciences, Grand Forks, ND 58202. Until signed by you and UND, this agreement constitutes only an offer by UND and not an agreement between the parties. This offer of additional duties expires if a signed original is not received by the [School/College] within [Time Frame].

Sincerely,

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

NAME, Department Chair

I accept the above appointment and salary under the conditions offered above.

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

Faculty Member Date