IU NOTICE OF TERMS OF INITIAL APPOINTMENT FORM

GUIDELINES

Usage on the IUPUI campus:

- Required for tenure track/tenured appointees with the rank of Assistant Professor or above (including librarians)
- The form is available at http://faculty.medicine.iu.edu/recruitment/recruitment-resources/ and should be submitted to the Dean’s Office (Faculty Affairs) with the other initial appointment forms. Please use a computer, a typewriter, or write legibly.

The form is used to set forth two items:

I. **Term of Initial Appointment** (12-month appointees)
   (Items A though H correspond to the attached sample forms.)

   A. Effective date of appointment to tenure track.
   B. Appointment ends on June 30 after one, two, or three years.
   C.-F. SEE TENURE PROBATIONARY PERIOD (II) BELOW.
   G. Reappointment decision date corresponds to the 1-yr., 2-yr., or 3-yr. period of initial appointment stated in Item B above. (See dates given on samples.)
   H. Reappointment begins on July 1 after expiration of initial appointment period.

II. **Tenure Probationary Period** (12-month appointees)
   (Items C though K correspond to the attached sample forms.)

   C. Appointment may be made with full tenure, with prior approval of all necessary administrative offices.
   D. Tenure probationary period begins on effective date of initial tenure track appointment.
   E. Tenure probationary period ends on June 30 of the 10th calendar year, including year in which appointment begins.
   F. Credit toward tenure may be given for service at IU or another institution, with prior approval of all necessary administrative offices. This reduces the tenure probationary period accordingly, so is generally not done as it in effect penalizes the new faculty member (who always has the option of applying for tenure “early” anyway). Credit toward tenure will change the dates in E, J, and K. No more than six years of credit may be given in order that there may be time in which to observe the individual before the recommendation on tenure is made at the beginning of the eighth year of the probationary period.
   G.-H. SEE TERM OF INITIAL APPOINTMENT (I.) ABOVE.
   I. Use “School of Medicine” rather than a specific campus location.
   J. Tenure decision will be made by the end of the eighth year of credit toward tenure (by June 30).
   K. Tenure begins on July 1 of the 10th calendar year, including year in which appointment begins.

School of Medicine Office of Faculty Affairs and Professional Development
Faculty Affairs
274-7214 or 278-2629
INDIANA UNIVERSITY
NOTICE OF TERMS OF INITIAL APPOINTMENT

In accordance with policy approved by the Indiana University Board of Trustees on October 27, 1972, persons accepting offers which will result in the recommendation of their name for initial appointment to the University are to be notified in writing of the terms of the appointment, and of criteria and procedures relating to reappointment and the awarding of tenure. The appointee must acknowledge in writing that the conditions and terms of the initial appointment, as well as the criteria and procedures for reappointment and tenure, are agreed to.

Initial appointment will be recommended to the Board of Trustees for

_________________________ (name) as __________________________ (title, rank)

in the ___________ School of Medicine (department/school)

(A) 1/1/18 - 6/30/18

*6/30/19 or

(B) **6/30/20 or

***6/30/21 (initial appointment period) at the initial salary of

/12 months

(amount/base)

Appointee to this position would be:

☐ with tenure.

☐ for a tenure probationary period (or for a portion thereof) which would begin

and end ___________ 6/30/27, credit having been given for

appointment.

(F) 0 years of service prior to this

(number)

*3/31/19 (3 months notice) or

**12/31/2019 (6 months notice) or

***6/30/20 (1 year notice)

A reappointment decision will be made not later than

(G)

*7/1/19 or

**7/1/20 or

***7/1/21

In the case of a positive decision, reappointment would begin

(H)

*6/30/26 In the case of a positive decision, appointment with tenure

would begin ___________ 7/1/27.

(I)

☐ for a non-tenured probationary period; the tenure policy of Indiana University does not permit time in service as

to be counted toward tenure.

(j)

In the case of a Lecturer, a reappointment decision will be made no later than

In the case of a positive decision, reappointment would begin

This statement must be signed by the Chairperson of the Department, and/or the Dean of the School or Division, by the Dean of the Faculties, and/or the Vice President or Chancellor and it is further subject to the consent of the Board of Trustees.

Signatures:

Chairperson(s) __________________________ Date __________________________

Dean(s) of the School(s) or Division(s) __________________________ Date __________________________

Dean(s) of the Faculty(ies)

or Dean of University Libraries __________________________ Date __________________________

Vice President or Chancellor __________________________ Date __________________________

I agree to the terms of this reappointment as indicated above. I have read and agree to the criteria and procedures employed in recommendations and decisions about reappointment and the awarding of tenure at Indiana University and any special procedures customarily employed in the department, school, program, or division of the University in which my appointment is to be recommended.

Initial appointment:  

* 1 year

** 2 years

*** 3 years

Candidate's signature __________________________ Date signed __________________________
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Initial appointment will be recommended to the Board of Trustees for

__________________________________________ as ________________

(name) / School of Medicine (title, rank)
(department/school) to begin 7/1/18 - 12/31/18

*6/30/19 or
**6/30/20 or

and end ***6/30/21 (Initial appointment period) at the initial salary of /12 months

(amount/base)

Appointment to this position would be:

☐ with tenure.

☐ for a tenure probationary period (or for a portion thereof) which would begin

and end 6/30/27, credit having been given for appointment.

(E) 6/30/27

(F) 0 years of service prior to this

(number)

A reappointment decision will be made not later than

*3/31/19 (3 months notice) or
**12/31/19 (6 months notice) or
***6/30/20 (1 year notice)

(H) **7/1/19 or

***7/1/21

In the case of a positive decision, reappointment would begin

(J) 6/30/27

In the case of a positive decision, appointment with tenure

would begin 7/1/27.

☐ for a non-tenured/non-probationary period; the tenure policy of Indiana University does not permit time in service as

(rank) to be counted toward tenure.

In the case of a Lecturer, a reappointment decision will be made no later than

In the case of a positive decision, reappointment would begin

This statement must be signed by the Chairperson of the Department, and/or the Dean of the School or Division, by the Dean of the Faculties, and/or the Vice President or Chancellor and it is further subject to the consent of the Board of Trustees.

Signatures:

Chairperson(s) ___________________________ Date ____________

Dean(s) of the School(s) or Division(s) ___________________________ Date ____________

Dean(s) of the Faculty(ies) or Dean of University Libraries ___________________________ Date ____________

Vice President or Chancellor ___________________________ Date ____________

I agree to the terms of this reappointment as indicated above. I have read and agree to the criteria and procedures employed in recommendations and decisions about reappointment and the awarding of tenure at Indiana University and any special procedures customarily employed in the department, school, program, or division of the University in which my appointment is to be recommended.

Initial appointment: * 1 year

** 2 years

*** 3 years

Candidate's signature ___________________________ Date signed ____________