**NON-TENURE TRACK (0.5 OR GREATER FTE) AAUP – AFT (Legacy AAUP-BHSNJ) REAPPOINTMENT LETTER TEMPLATE**

**Revised: May 16, 2025**

***(Date)***

***(Full Name*)**

**(*Address*)**

**(*City, State, Zip*)**

Dear **(*Dr. /Mr. /Ms.):***

I am pleased to inform you that you have been reappointed as (*faculty title*), on the *(insert appropriate track: Teaching Track, Clinical Track [if Clinical Track, state “as a Clinical Educator” or “as a Clinical Scholar”], Research Track, Professional Practice Track)* in the (*name of**department / program*) in (*Name of School*)**.** (*Name of School*) which is a part of Rutgers Biomedical and Health Sciences of Rutgers, the State University of New Jersey (“University”).

***If full-time or part-time (0.5 or greater FTE), non-tenure track and not coterminous****:* This is a non-tenure track (*10 month/12 month*) appointment beginning on July 1, (*year*) and ending on June 30, (*year*). This is a (*full-time/part-time, if part-time state FTE*) appointment. At the expiration of this term appointment, reappointment may or may not be offered in the sole discretion of the University. If your term appointment will not be renewed, you will receive written notice that your term appointment is not to be renewed upon expiration no later than *(insert number of months)* prior to the expiration of your term. *(The following is a guide to completing the letter but shall not be included in the letter: four months prior to the expiration of a one-year appointment, six month prior to the expiration of a two-year appointment, or twelve months prior to the expiration of an appointment greater than two years).*

***For coterminous PPT faculty at RWJMS funded through RWJBH:***

This is a non-tenure track appointment. The appointment is beginning on (month/day/year) and ending on June 30, (year). The terms of this appointment are coterminous with funding from Robert Wood Johnson Barnabas Health (RWJBH). This is a (full-time/part-time, if part-time state FTE) appointment. At the expiration of this term appointment, reappointment may or may not be offered in the sole discretion of the University. If your term appointment will not be renewed, you will receive written notice that your term appointment is not to be renewed upon expiration no later than (insert number of months) prior to the expiration of your term. If funding is ended/reduced, you will received ninety (90) day notice that the appointment will end. *(The following is a guide to completing the letter but shall not be included in the letter: four months prior to the expiration of a one-year appointment, six month prior to the expiration of a two-year appointment, or twelve months prior to the expiration of an appointment greater than two years).*

***If full-time or part-time (0.5 or greater FTE), non-tenure and coterminous****:* This is a non-tenure track (*calendar year/academic year*) appointment. The terms of this appointment are coterminous with and contingent upon continued funding at the current or increased level of funding from (*source of external**funding*) or any other approved sources of outside funding. The appointment is beginning on *July 1, (year*) and ending on June 30, (*year*) provided that the current or increased level of funding from (*source of external funding*) or any other approved sources of outside funding for the position is/are continued for this period. This is a (*full-time/part-time, if part-time state FTE*) appointment. At the expiration of this appointment, reappointment may or may not be offered in the sole discretion of the University. If your term appointment will not be renewedor if funding is ending/reduce during the term of the appointment, you will receive written notice that your term appointment is not to be renewed upon expiration no later than *ninety (90) days* prior to the date that the appointment will end. prior to the expiration of your term. If funding is ending/reduced, you will receive ninety (90) day notice that the appointment will end.

***If appointment includes administrative title****:* You will also hold the administrative title of (*administrative title*) at the (name of School) for which you will receive additional compensation of (state amount).

Your performance will be reviewed annually, and any additional compensation will be determined in accordance with the University’s existing salary improvement program applicable to senior administrators.

You serve in this administrative capacity at the will of the Dean. Should you no longer hold this administrative position you will no longer receive this additional compensation.

***Academic base and other salary components***: Your total compensation will be $(*insert total compensation, total of all components including administrative stipend, if applicable*). This includes an Academic Base Salary of $(*dollars*), a *Supplement of $(dollars*)*,* ***AND If applicable, add******the following****: and $(dollars) for your administrative role. This salary does not include any salary improvements in place for the coming fiscal year.*

*Your Supplement will be paid as follows: (insert payment parameters, including whether it is guaranteed or conditional. If guaranteed, indicate for how long.)* *You may be eligible for additional compensation based on performance.*

Salary components are contingent upon satisfactory performance and a variety of other University and School criteria. ***For faculty in the AAUP-AFT:*** The AAUP- AFT has the right to request negotiation between the parties over a proposed change to a faculty member’s salary component, during the term of the appointment, prior to any change taking effect that is not expressly provided for the in Article VIII: Compensation of the collective negotiations agreement.

***If academic base only*:** Your total salary will consist of an academic base of (\_\_\_\_\_ dollars), ***AND If applicable, add the following***: and $(dollars) for your administrative role. You may be eligible for additional compensation based on performance. *This salary does not include any salary improvements in place for the coming fiscal year.*

***If applicable:*** You will be expected to cover a significant portion of your time devoted to research from extramural sources.You may be eligible for an extramural incentive based on the plan in place at the time of payment. You can find the current extramural incentive plan here: <https://facultyaffairs.rbhs.rutgers.edu/faculty-resources/aaup-bhsnj-extramural-support-incentive-awards-program/>.

***If clinical faculty in RWJMS with an FVS:*** *Insert FVS template language found* [*here*](https://facultyaffairs.rbhs.rutgers.edu/administrative-resources/faculty-offer-letters/)*.*

***If clinical faculty in CINJ with an FVS add*:** In addition, as per the letter you received on Month Day, 202X, you have a current FVS of $XXX,XXX which will be paid in CY 202X regardless of actual CY 202X productivity. The amount of your FVS will be recalculated beginning in CY 202X in accordance with the relevant agreement between the AAUP-AFT (formerly AAUP-BHSNJ) and the University.  Your FVS will be paid on a monthly basis and will not be counted as earnings for the purposes of calculating retirement plan benefit contributions.  As such until the beginning of CY202X, your total salary will be $XXX.XXX.

***If clinical faculty:*** Your receipt and maintenance of (1) a full, unconditional and unrestricted license to practice medicine or dentistry in the State of New Jersey, and (2) valid registrations from the U.S. Drug Enforcement Administration (“DEA”) if applicable, and the New Jersey Office of the Attorney General, Division of Consumer Affairs, Drug Control Unit (“CDS”) are conditions of your employment with the University. You certify that you have not in the past and are not currently a “sanctioned individual” as defined in 42 U.S.C. Sec. 1320a-7(b)(8), regarding individuals excluded from participation in Medicare or any state Medicaid program. **[State any additional requirements for board certification, credentialing, and/or enrollment in Medicaid and Medicare Programs.]** If you do not obtaina valid New Jersey clinical license and DEA and CDS registrations (state any other requirements) within 90 days of your start date, or for such period of time as extended by the Dean, your appointment will be terminated.  **[State any requirement to maintain hospital privileges at (name of hospital)].** It is your responsibility to immediately notify your Chair upon any non-renewal, suspension or termination of a full, unconditional and unrestricted license and/or any required registrations. You must also notify your Supervisor immediately upon notice that you are under investigation for any claim which could lead to exclusion from participation in Medicare or any state Medicaid program or which could subject you to sanctions by the New Jersey Board of Medical Examiners or New Jersey Board of Dentistry. If you fail to maintain your license and/or any required registrations in full, unconditional, and unrestricted status (or in the event that certain conditions or restrictions are placed on your license), or you are excluded from participation in Medicare or any state Medicaid program you will be immediately removed from any patient care activities. Compensation may be suspended or reduced if you are unable to perform employment responsibilities as a result of a failure to maintain your license and/or any required registrations (or as a result of conditions or restrictions being placed on your license), or if you are excluded from participation in Medicare or any state Medicaid program. In addition, failure to maintain a full, unconditional and unrestricted license and/or any required registrations, or if you become excluded from participation in Medicare or any state Medicaid program, shall constitute a breach of the terms and conditions of this Agreement, and may result in a termination of the employment relationship.

***If clinical faculty:*** You are required to participate in the Medicare and Medicaid Programs as well as other commercial health plans and third-party payor programs as may be determined by Rutgers in its sole discretion. You must ensure that your services are provided in accordance with requirements of the Medicare and Medicaid Programs and of such commercial health plans and third-party payors.

***If applicable:*** As an employee of Rutgers, you are required to participate in and offer your clinical services through a clinical practice plan authorized by Rutgers. By acceptance of this appointment, you assign your right to bill, collect and retain all revenue for professional care services to Rutgers or such entity as Rutgers shall designate along terms as established by Rutgers and you agree to cooperate to effectuate the assignment. Rutgers reserves the right to replace its current authorized clinical practice plan with another clinical practice plan.

[For NJMS only add:  Currently, Rutgers has an agreement with Barnabas Health, Inc. (d/b/a RWJBH Corporate Services, Inc.) to provide revenue cycle management (e.g., billing and collection services) for patient care services furnished by NJMS clinical faculty. Barnabas Health furnishes these services through its controlled affiliate, University Physician Associates of New Jersey, Inc., a New Jersey non-profit corporation. Rutgers reserves the right to replace its current revenue cycle management provider with another revenue cycle management provider.]

***If clinical, part-time faculty: Insert liability claims statement "A". (See attached)***

Information regarding reappointment and promotion, can be found in the *Rutgers Biomedical and Health Sciences* *Policies and Guidelines (*[*https://facultyaffairs.rbhs.rutgers.edu/appointments-promotions/faculty-appointments-and-promotions-guidelines/*](https://facultyaffairs.rbhs.rutgers.edu/appointments-promotions/faculty-appointments-and-promotions-guidelines/)*).*   The guidelines for reappointment and promotion can be found here: <https://facultyaffairs.rbhs.rutgers.edu/appointments-promotions/academic-reappointment-promotion-instructions/>.

**Describe the major duties and responsibilities of the position (include following language “**These responsibilities may be amended upon written notification to you.”)**, specific clinical or administrative duties, etc., plus a statement that these expectations are not all inclusive ("...and such other duties as assigned by the Chair and/or Dean."), and as well a statement of the responsibilities and commitment of the institution.** **The breakdown of the faculty member’s FTE (cFTE, eFTE, sFTE and/or rFTE) must be included.**

This position requires that you are not listed by the Office of the Inspector General (OIG) and/or the General Services Administration (GSA), the New Jersey Debarment list, the New Jersey Division of Consumer Affairs, the N.J. Treasurer’s exclusions databases, and the 45 state Medicaid exclusion list databases as excluded from participating in federal and/or state health care, research, or other grant programs. The undersigned faculty member agrees that during the term of this Agreement any violations of federal or state law or actions that are contrary to University policy or public policy shall constitute a breach of its terms and conditions and may result in a termination of the employment relationship and a forfeiture of all employment benefits expressed within.

All faculty are required to comply with the Bylaws, policies and procedures of the University and the School, including the University’s compliance program, as they may be amended from time to time. Nothing in this letter supersedes applicable University and/or School Bylaws, policies, or procedures.

The School’s bylaws are located at (*insert applicable link*). University policies of frequent interest to faculty include:

* Compliance Program

<https://uec.rutgers.edu/programs-2/healthcare-compliance/>

* Patents

<https://policies.rutgers.edu/B.aspx?BookId=12014&PageId=459338>

* Intellectual Property: Copyrights & Royalties <https://policies.rutgers.edu/B.aspx?BookId=12007&PageId=459331>
* Investigator Conflict of Interest

<https://research.rutgers.edu/researcher-support/research-compliance/conflict-interest>

* Code of Ethics: General Conduct

<https://uec.rutgers.edu/wp-content/uploads/CodeofEthics.pdf>

* OIG / GSA Exclusion

<https://policies.rutgers.edu/B.aspx?BookId=12063&PageId=459418&Search=oig%20gsa%20exclusion>

* Guidelines for Conduct of Research and Scholarly Activities

<https://policies.rutgers.edu/B.aspx?BookId=12045&PageId=459400>

* Liability Insurance

<https://finance.rutgers.edu/healthcare-risk/insurance>

***If no administrative title:***

As part of your employment, you are represented by the Rutgers Council of AAUP Chapters, AAUP-AFT, AFL-CIO for purposes of collective negotiations. The collective negotiations agreement can be found here:  <https://laborrelations.rutgers.edu/faculty/labor-contracts>. Please keep in mind that only those provisions and articles identified in the agreement as applying to “legacy BHSNJ unit members” apply to your employment as a faculty member.

***Optional Statement:*** It is our expectation that if you choose to leave the University prior to the end of your appointment, you will provide ninety day written notice.

Please do not hesitate to contact (insert supervisor) if you have any questions concerning the terms of this appointment. Kindly indicate your acceptance of the terms and conditions of this Letter of Reappointment by signing in the space provided below.

Sincerely,

Chair or Dean

I accept the terms and conditions of this appointment:

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

Signature Date

**A: LIABILITY CLAIMS STATEMENT (Part-time Paid Clinical Faculty)**

The University Program of Self Insurance is governed by the terms and provisions of the State of N.J. Tort Claims Act, **N.J.S.A. 59:1-1, et seq.** It covers only your activities performed within the scope of your University part-time employment. “Scope of University Employment” is defined as all activities performed by a faculty or staff member on behalf of, assigned and authorized by, and under the direction of the University. This shall include activities performed through a Clinical Practice Plan approved by the University, provided such work is billed and collected according to the terms of the Plan. If you have questions regarding this Policy, please contact [hrcm@rbhs.rutgers.edu](mailto:hrcm@rbhs.rutgers.edu).

In the event that you furnish clinical or other services (such as consulting or expert witness services) outside of you practice for the University, you must maintain your own professional liability insurance with limits of not less than $1,000,000 per occurrence and $3,000,000 in the aggregate in order to protect your legal interests. Under N.J. law, any professional liability insurance which covers your activities concurrently will be deemed primary coverage. You are required to obtain and attach a copy of your Certificate of Insurance, naming Rutgers, The State University of New Jersey as certificate holder, to this letter after you have signed it, and return both to this department. The Certificate of Insurance can be obtained from your insurance company and/or insurance broker. (Note that pursuant to University policy, all outside employment must be approved in advance by the [Name of Department] Chair.)