

**FORM LETTER OFFERING CONDITIONAL FACULTY APPOINTMENT**

**Case Western Reserve University School of Medicine  
All materials to: Office of Faculty Affairs and Human Resources  
School of Medicine, W171, location code 4915  
Fax: 216/368-3013**

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This accompanying form letter is to be sent by the chair to a conditional faculty nominee, signed by the nominee, returned to the chair and then sent to the Dean (c/o Dan Anker) along with the Request for Dean's Approval form and the nominee's cv.

Date

Candidate's name

Candidate's address

Re: Conditional Faculty Appointment

Dear Dr. \_\_\_\_\_:

It is my pleasure to offer you a conditional appointment as \_\_\_[academic rank]\_\_\_ in the Department of \_\_\_\_\_ of the Case Western Reserve University School of Medicine. As a conditional appointee, you will be eligible and expected to provide the following clinical and other faculty services:\_\_\_\_\_.

During the period of your conditional appointment, which may not exceed six months, you will receive compensation and benefits as we have previously discussed. All compensation and benefits will be paid by and through non-University sources. I will also immediately begin gathering the materials required for proposing your regular faculty appointment.

Your regular faculty appointment is contingent upon formal approval by the Board of Trustees of Case Western Reserve University. Although you may begin rendering services and receiving salary and benefits immediately, your appointment will remain a conditional one until Board approval occurs. Until that time, you will not be considered a regular member of the University faculty entitled to the rights and privileges provided for in the Faculty Handbook. Accordingly, we ask that you refrain from listing the conditional appointment on your curriculum vitae, business cards, websites or stationery.

If this offer is acceptable to you, please acknowledge your acceptance and agreement with its terms by signing and dating the enclosed duplicate original of this letter in the space provided for that purpose and returning the letter to me. Your conditional appointment will be effective when the Dean countersigns the letter, a copy of which I will forward to you.

Sincerely yours,

\_\_\_\_\_  
Department Chair

Accepted and agreed to this \_\_\_\_\_ date of \_\_\_\_\_ 200\_\_.

\_\_\_\_\_  
[nominee's signature]

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Pamela B. Davis  
Dean, School of Medicine and  
Vice President for Medical Affairs