

OFFER TO RECOMMEND APPOINTMENT
 INDIANA UNIVERSITY
 BLOOMINGTON, INDIANA
 (Faculty, Lecturer, Librarian or Research Rank Position)

Contained herein are the terms and conditions of an offer to you for the position described below. The proposed offer, if tenure is involved, is subject to the approval of the Board of Trustees of Indiana University; otherwise, it is subject to formal administrative approval.

1. Name: _____ Title: _____ Rank: _____
2. Department: _____ School: _____ Campus: _____
3. Annual Salary Rate: _____ Rate Basis: ___ 10-pay ___ 12-pay
4. Initial Salary Period: ___ academic year ___ fiscal year ___ other: actual pay for period: \$ _____
5. Initial Appointment to begin on _____ and end on _____
6. Type of Appointment:
 - Tenured*
 - Tenure-Probationary*
 - Credit is being granted toward tenure for prior service of ___ years; assuming continuous full-time service and positive reappointment decisions, the tenure decision to be made by May 1, _____; the tenure decision to become effective July 1 of the following year (the end of the 7th year of countable service.)
 - Convertible to Tenure-Probationary
 - Limited Term
 - Long-term Contract for ___ years

Conditions: _____
7. Special conditions: _____
8. Fringe Benefits:
 - Participation in Retirement Plan 10
 - Option to join Medical and Dental Plans
 - Life insurance
 - Fee Courtesy for employee, spouse, and dependent children

(A summary statement of current benefit values and cost distribution between the University and the employee may be requested from the Academic Personnel Policies and Services office.)

*AT INDIANA UNIVERSITY, CANDIDATES FOR FACULTY POSITIONS IN TENURED OR TENURE-PROBATIONARY STATUS ARE EXPECTED TO ACCEPT THE TERMS AND CONDITIONS OF THE PROPOSED APPOINTMENT PRIOR TO AN OFFICIAL OFFER BEING EXTENDED.

 (Chairperson/Unit Head's Signature) Date

 (Appointee's Signature) Date

*UPON APPROVAL OF APPOINTMENT TO A TENURE-RELATED POSITION DESCRIBED ABOVE, THIS DOCUMENT SHALL SERVE AS THE FORMAL TENURE AGREEMENT.

Offer recommended _____
 (Dean/Director's Signature) Date

Approved _____
 (Dean of the Faculties and Vice Provost for Academic Affairs' Signature) Date