Sample Offer Addendum Clinical Educators/Instructors: FTE CHANGE

Revised January 2017

To be sent on School of Medicine department letterhead stationary

[Date]

[Name]

[Address]

[City, State, Zip]

Dear [Name]:

[I am/We are] confirming a change to your position as [rank] in the Department of [name] and Division of [name] at the Stanford University School of Medicine. The changes outlined below take effect on [month day, year,] and continue through the end of your fixed term appointment on [month day, year].

**Appointment and Salary**

With this change your percent time of appointment changes from [#] percent of full-time effort (FTE) to [#] percent FTE.

* Your revised salary will be $[amount] based on [#] percent FTE, pro-rated from the actual effective date of this change. [Include the next sentence only when FTE is less than 100%] This amount is derived from an annual salary of $[amount] based on 100 percent FTE.
* When appropriate, confirm that prior item is no longer applicable, for example, *Based on this change, you are no longer eligible for . . . .*

**Benefits**

[If there is a change in benefits status, add the correct section from two options below and delete the other section. If benefit status remains the same, exclude entire Benefit section]

**[If loss of benefits-eligibility because FTE drops below 50%FTE and depending upon the pay group]**

With this FTE change your position becomes an exempt casual/contingent staff employee position as defined in Administrative Guide 2.2.2.

* Your position is now funded less than fifty percent by Stanford University. You are no longer eligible for Stanford benefits because your appointment no longer meets Stanford’s minimum requirements for benefits eligibility. To learn about the changes to your benefits, contact the Stanford Benefits Office at 3160 Porter Drive, Suite 250, Palo Alto, CA 94304, by phone at (650) 736-2985, or at their web site: https://cardinalatwork.stanford.edu/benefits-rewards
* You are no longer eligible for annual paid time off or paid conference leave.
* [Include if Clinical Assistant Professor rank or higher.]You are no longer eligible to participate in the Clinician Educator professional development leave program.

**[If change to benefits-eligibility because FTE increases to 50% FTE or more and for six months or longer**] With this FTE change your position becomes an exempt regular staff employee position as defined in Administrative Guide 2.2.2. As a regular employee, you will serve a trial period of twelve months ending on [month day, year], pursuant to Administrative Guide 2.1.15.

* Your position is funded fifty percent or more and for six months or longer by Stanford University; therefore, you are eligible for certain Stanford exempt regular staff benefits. Stanford University provides comprehensive benefits, including medical, dental, vision, life and disability insurance, professional development opportunities, retirement plans, and a college tuition grant program for eligible dependents. To learn about your benefits, contact the Stanford Benefits Office at 3160 Porter Drive, Suite 250, Palo Alto, CA 94304, by phone at (650) 736-2985, or at their web site: https://cardinalatwork.stanford.edu/benefits-rewards

Please visit the Stanford Benefits website to enroll in benefits.  If you do not enroll for benefits within 31 days after your start date, you will automatically default into a core program of limited benefits.  [Name of departmental contact] can assist you in signing up for New Staff Orientation. Or, you may register directly for New Employee Orientation on-line by going to the Human Resources website, https://cardinalatwork.stanford.edu/welcome-center and clicking on New Employee Orientation to register.

You will no longer be eligible for the benefits if the percentage of your appointment funded by Stanford University falls below fifty percent (and 75% for eligible housing benefits).

* With departmental approval you are eligible for {if 100% FTE} twenty two {if >49% and <100% FTE prorate by FTE} days of annual paid time off prorated from the effective date of this change. In addition, time off in the form of paid conference leave is available to [Clinician Educators or Instructors].
* [Exclude this section if the individual is an Instructor.] Clinical Assistant Professors, Clinical Associate Professors, Clinical Professors meeting certain conditions of appointment are also eligible for the professional development leave program for Clinician Educators. For more information see http://med.stanford.edu/academicaffairs/CEs/leaves.html

[Exclude this section if the individual is an Instructor.] Clinical Assistant Professors, Clinical Associate Professors, Clinical Professors meeting certain conditions of appointment are eligible for housing programs designed to assist in the purchase of a home. For more information on these housing programs, please contact the Stanford University Faculty and Staff Housing Office, <http://fsh.stanford.edu/CE/index.shtml>

**Responsibilities**

[Include this section only if there are changes to assigned duties or allocation of effort in original offer letter for clinical, research, teaching and/or administrative. Specify percent of effort in each duty category; the overall total effort must equal 100 percent irrespective of appointment FTE. Reference the original offer template as a guide to structuring this section.]

In summary, this Addendum, together with your original Offer letter and Appendix dated [offer letter date], which are incorporated by reference, represent the entire agreement between us regarding your relationship to the University, and supersedes and replaces any other negotiations, agreements or understandings, whether written or oral.

If you have any questions regarding the changes outlined in this Addendum, your contact person is [name of departmental contact], who can be reached at [phone].

To indicate your acceptance of our offer, please sign this letter and return it to us at [address] by [insert date one week hence].

Sincerely,

[Name], Department Chair [Name], Division Chief

I have read, understand and accept this Offer Addendum:

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Signature of [Name] Date