Dear (faculty member’s name):

This agreement outlines the circumstances of the (secondary/tertiary) appointment of (faculty member’s name) to the Department of (secondary/tertiary department name). This appointment acknowledges the growing collaborative efforts between the Departments of (primary department name) and (secondary/tertiary department name) in the College(s) of (primary college name) and (secondary/tertiary college name). Its purpose is to enhance (research, teaching, or service of the department or any explanation that is appropriate).

The undersigned agrees to a 0%, non-remunerated, (secondary/tertiary) appointment effective (date) through (date). At the time of annual reviews, reappointment reviews, peer reviews, tenure and promotion (as appropriate to the appointment), the Department of (secondary/tertiary department name) will provide information in a consulting role to the Department of (primary department name) (or other role as appropriate and agreed upon by all parties).

As a non-remunerated faculty member, Assistant/Associate Professor (faculty member’s name) will have the following privileges (any as appropriate):

- May serve on PhD/MA thesis committees
- May serve on undergraduate honors/graduate research projects
- Will be listed in the Department and College promotional materials as affiliated with the Department and College
- Will be notified of all Department seminars, meetings and activities
- Will be welcome to attend and contribute to faculty meetings as a voting/non-voting member
- Other

Assignment in the Department of (secondary/tertiary department name) will not in any way limit or interfere with your obligations to the Department of (primary department name). This appointment may be terminated by either party at any time if the basis for a close and mutually satisfactory relationship is not maintained.

____________________________________________  ___________________________________
Department of (primary department name)       Date

____________________________________________  ___________________________________
College of (primary college name)                Date

____________________________________________  ___________________________________
Department of (secondary department name)       Date

____________________________________________  ___________________________________
College of (secondary department name)           Date

____________________________________________  ___________________________________
(Faculty Member’s Name)                         Date