

**INSTITUTE FOR CLINICAL SOCIAL WORK
FACULTY APPOINTMENT AGREEMENT**

This document outlines the agreement between _____ and the Institute for Clinical Social Work (Institute) regarding the appointment of the above named faculty member to the Faculty of the Institute for the period of time between Jan. 1, 2008 and Dec. 31, 2010.

Responsibilities and Reporting: As a faculty member, I agree to attend faculty meetings, contribute a minimum of three hours per month, be on a committee or otherwise make a contribution to the functioning of the Institute and commit to ongoing professional development. I also agree to follow the policies and procedures outlined annually in the Faculty Manual. I understand that I will be offered teaching and other assignments as I am needed and within my qualifications. I will report to the Dean and to faculty members designated by the Dean.

Compensation: I understand that I will be paid according to the pay scale determined each fiscal year. This pay scale will be available at the start of the academic year and distributed annually with the Faculty Manual. Instructions for submitting invoices for payment will be attached to the pay scale. I understand that I will only be paid when the proper invoice is submitted, and then I will be paid within 30 days of its submission. If I am more than 60 days late in submitting the invoice, I understand that I may no longer be eligible for compensation.

Licenses: I understand that I am responsible for maintaining all licenses required by law to fully perform my duties during the terms of this agreement. I will provide copies to the Institute as attachments to this agreement.

Professional Liability Insurance: I agree to maintain professional liability insurance with limits that are satisfactory to the Institute and which adequately protect me from claims made by or damages awarded to any person arising from the performance of my assigned duties as a faculty member of the Institute. I agree to provide a copy of this policy as an attachment to this agreement.

Independent Contractor Status: I agree to be an independent contractor rather than an employee of the Institute. I understand that, as an independent contractor, I am not entitled to and will not be provided benefits, including but not limited to, group health insurance, pension plans, unemployment compensation, and insurance coverage for professional liability.

Termination: I understand that the Institute may terminate this agreement in accordance with policy and procedure. I may also terminate this agreement by notifying the Academic Dean in writing.

Signed, _____ Date _____

Faculty Member

_____ Date _____

Amy Eldridge, Dean/CEO