

ACADEMIC YEAR TENURED CONTRACT FORM:

**BOARD OF REGENTS OF THE UNIVERSITY SYSTEM OF GEORGIA ACADEMIC YEAR EMPLOYMENT CONTRACT
TENURED PERSONNEL**

To: _____

Please be advised that ____ (President) ____, on behalf of the Board of Regents of the University System of Georgia, has approved your employment as _____ (Title) _____ at the _____ (Institution) _____. The period of your employment is for the _____ academic year beginning on _____ and ending on _____.

Your salary for the academic year will be _____ and is payable according to the applicable funding sources and the Institution's payroll schedule. For fractional portions of a pay period in which service is rendered, payment of salary will be computed as the fraction of the salary for that payroll period. If your services should be needed beyond your full-time academic year commitment, a separate arrangement will be made with you covering your services. Notwithstanding any other provision of this contract, for Fiscal Year 2020-2021, the Board of Regents has authorized the President to implement a mandatory furlough program requiring employees to take _____ days of unpaid leave in a number and manner to be determined by the President but not to exceed 13 days. In the event it becomes necessary for the President to exercise this authority, employee furloughs will be implemented in accordance with guidelines promulgated by the Office of the Chancellor.

Your specific job-related duties, responsibilities, and assignments associated with this employment contract are defined elsewhere, are subject to modification as needed, and are determined by the administrative officers of the institution in your reporting line to the President.

This agreement is made expressly subject to the applicable state and federal laws and to the statutes and regulations of this institution as well as the bylaws, policies, and procedures of the Board of Regents, which can be found on the University System of Georgia website. The Board of Regents reserves the right to change or suspend policies and procedures as necessary.

Please signify your acceptance of this employment by signing and returning the enclosed original contract and all but one of the copies to _____ at this institution within twenty (20) days from this date. Failure to reply within this deadline may void this offer.

BOARD OF REGENTS OF THE UNIVERSITY SYSTEM OF GEORGIA,

BY AND ON BEHALF OF _____ (INSTITUTION) _____

By : (President) _____

Date: _____

CONTRACT ACCEPTANCE

I accept the employment described above under the terms set forth.

Signed: _____

Date: _____

