

REAPPOINTMENT LETTER/CONTRACT

DATE:

PROGRAM:

POST-GRADUATE YEAR LEVEL:

PERIOD OF APPOINTMENT:

THE CURRENT SALARY AT THIS LEVEL:

Res #

I understand that this appointment is contingent upon fulfilling all training requirements necessary to advance to the next level and that this appointment must be returned within 14 days or my position as described above may not be held. I also understand that I may be required to cover additional shifts, beyond what is required as part of my program's back-up or jeopardy policy (for which there is no additional compensation), and if I cover additional shifts I will receive additional compensation proportionate to the number of shifts covered up to \$25,000.

By signing and returning this agreement, I agree to complete the full term of appointment as designated above. I also agree to continue to abide by the terms, conditions and policies pertaining to my employment and training in the above named program as described in my initial letter of appointment. This includes, but is not limited to policies on evaluation, promotion, due process, leave, and delinquent charts. I understand that the Residents/Fellows Policies and Procedures Manual is updated regularly and I am responsible for complying with the current policies, procedures, etc.

We are pleased that you are continuing your training with us.

Sincerely,

Steven Angus, MD, FACP
Designated Institutional Official

I accept the offer to continue my training in the above program at the University of Connecticut School of Medicine and employment with the Capital Area Health Consortium. I agree to abide by the terms and conditions as described above and the more detailed description on the Residents/Fellows Policies and Procedures Manual available at <http://gme.uchc.edu>.

NAME

Date