

**DRAFT TEMPLATE**  
**MEMORANDUM OF UNDERSTANDING**

**Between**  
**The Perelman School of Medicine (PSOM)**  
**and**  
**The (insert partner school) (insert acronym)**  
for the (Joint or PIK) Appointment for (insert candidate/faculty member's name/degree(s))  
Proposed Effective Date: (insert date)

This Memorandum of Understanding (MOU) serves to document the respective commitments and responsibilities made by the (insert administrative lead department) in the (insert administrative lead school) and the (insert partner department) in the (insert partner school) pertaining to the recommendation for a (joint or PIK) faculty appointment for (insert candidate/faculty member's name/degree(s)), as (insert proposed rank, track of department in administrative home school and insert partner department). Administratively, Dr. (insert last name) will be appointed as a primary faculty member in (insert department) and a (primary) faculty member with voting rights in (insert partner department) and will use the title "(rank of home department and partner department)."

Dr. (insert full name) is the Department Chair and Dr. (insert full name) is the Dean in the administering (department or school if between two schools). Dr. (insert full name) is the Department Chair and Dr. (insert full name) is the Dean in the partner (department or school if between two schools).

**The following terms and conditions apply to the appointment of Dr. (insert last name):**

1. Dr. (insert last name) currently holds a primary appointment as an (insert rank) in (insert track) in the Department of (insert department) in the (insert school), if applicable.
2. (insert other academic appointments held, if applicable) Dr. (insert last name) holds an appointment as (insert title).
3. Subsequent matters relating to the academic review process will be managed as follows: Specifically, the dossier review process will be facilitated by the Administrative Lead School with input from the Partner Department into the selection of names for the list of external consultants. Once responses have been received, the complete dossier materials including all letters will be shared with the Partner School. Note: External Consultant letters are confidential in the School of Medicine. The Partner School should not share the letters with the department or any entity outside of the Committee on Appointments & Promotion (COAP). Once the case has passed the PSOM COAP, it will be reviewed by the Partner School's Personnel Committee and if successful, the Partner Chair's Recommendation letter, their School's Faculty Personnel Committee's letter, and Dean's letter will be shared with PSOM so that a formal joint tenure dossier can be presented at the Provost's Staff Committee (PSC).
4. All appointments and promotions are subject to approval by the appropriate PSOM and (insert name of Partner School) committees, the Deans of the PSOM and (insert name of Partner School), the Provost's Staff Conference, and Trustees of the University of Pennsylvania.

**The following terms and conditions apply to the annual review and support of Dr. (insert last name):**

1. The PSOM will serve as the administering lead school for Dr. (insert last name's) employment to facilitate optimal synergy among academic and teaching responsibilities. Similarly, all grants for

which the faculty member serves as the principal investigator will be administered by the Department of (insert department).

2. On an annual basis after appointment, the faculty member will meet jointly with the chair of the Department of (insert administering department), (PSOM) and the chair of the Department of (insert partner department), (insert partner school) to review their academic accomplishments including teaching, as well as to review the funding, space, and intellectual property (IP) portfolio.

## **Compensation**

### **1. Salary and Research funds**

Dr. (insert last name) base salary (12 months) will be \$(insert salary). **If an offer letter exists include the following in the previous sentence: \$(insert salary) in the offer letter dated** (dated insert date) for FY(insert year). The sources for this salary are: (insert all sources; i.e., 50% from PIK; 25% from PSOM, and 25% (name of Partner School)).

- PSOM will support Dr. (insert last name) salary commensurate with the appointment in (insert percent effort which translates to insert effort in months per year; i.e., 25% effort which translates to 2.25 months per year).
- (insert partner department/school) will support Dr. (insert last name) salary commensurate with the partial appointment at (insert effort which translates to (insert # of months) months per year).
- Schools will arrange to share any excess tech transfer/ICR, net of space costs and other support costs.

### **2. Annual Merit Increase**

The Department Chair of the PSOM will consult with the Department Chair or Dean of the (insert partner department or school) and will set the merit pay increase each year. It is understood that the Provost must approve merit pay increases that are outside of the parameters of the stipulated merit increase for the year.

### **3. Start-up Funds**

- Amount, duration, and allocation across schools and University
- Uses of funds (e.g., to include instrumentation and installation of equipment)
- Notes:
  - Not intended to be an ongoing obligation, or to replace funds that would already be allocated towards areas of need by the schools
  - Cash flow for start-ups should be budgeted by all the parties in the years that the expenses are incurred
  - Does not cover start-up funds for new programs, doctoral divisions or institutes

### **4. Space - Location, amount, and any renovation of space, including assumptions of costs**

### **5. Associated Personnel**

- Any administrative assistant, IT support staff, postdoctoral researchers, graduate students, etc. (considered part of startup costs and have same guidelines- e.g. limited to three years)

### **6. Teaching Expectations**

- In exchange for this salary support, teaching will include (include expectations for teaching in partner department/school) per year in (insert partner department or school). The course assignment will be done in consultation with the respective department chairs and Dr. (insert last name). In addition, (if applicable, insert any other teaching, mentoring or service activity for the department) each year.

- Expected teaching responsibilities
- Any terms for course release

### **Signatures**

All partners in this agreement sign to confirm their acceptance of its terms.

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### **Signatures for Administrative Lead School**

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(Type Full Name Here) \_\_\_\_\_ Date \_\_\_\_\_  
Chair, Department of (insert department)

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(Type Full Name Here) \_\_\_\_\_ Date \_\_\_\_\_  
Dean, Perelman School of Medicine

### **Signatures for Partner School**

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(Type Full Name Here) \_\_\_\_\_ Date \_\_\_\_\_  
Chair, Department of (insert department)

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(Type Full Name Here) \_\_\_\_\_ Date \_\_\_\_\_  
Dean, (insert name of partner school)