

University of Colorado Denver
Colorado School of Public Health
Faculty Recommendation Form

Research Associate Series

Contact Person

Bettina-Martine Warden

Contact Phone

(303) 724-5678

Position #

00703706

Employee #

236481

Requisition ID

N/A

Today's Date

5/30/2019

Revis

NAME	Trumble	Ilana		MS
	(Last)	(First)	(MI)	(Primary Degree)
OFFICE ADDRESS	LEAD Center - 12474 E. 19th Ave., Bldg. 402, Aurora, CO 80045			
OFFICE PHONE		EXT.		
PRIMARY EMAIL	ILANA.TRUMBLE@CUANSCHUTZ.EDU		SECONDARY EMAIL	
HOME ADDRESS	2101 N Ursula St Unit 121 Aurora, CO 80045			
HOME PHONE		CELL PHONE	303-817-4892	DOB 2/22/1992
RACE/ETHNICITY	White		GENDER Female	
DEPARTMENT	Epidemiology		CENTER LEAD - Lifecourse Epidemiology of Adiposity and Diabe	

EFFECTIVE DATE OF ACTION:	7/1/2019	ENDING DATE OF ACTION (if applicable):	At-Will
<input checked="" type="checkbox"/> New Appointment	<input type="checkbox"/> Promotion	<input type="checkbox"/> FTE Change	<input type="checkbox"/> Termination Reason:
<input type="checkbox"/> Renewal	<input type="checkbox"/> Salary adjustment	<input type="checkbox"/> Leave of absence request	<input type="checkbox"/> Other:
<input type="checkbox"/> Additional	<input type="checkbox"/> Change in name, address	<input type="checkbox"/> Return from leave of absence	

CURRENT STATUS	PROPOSED STATUS
<input checked="" type="checkbox"/> N/A (New Appointment)	
Rank	Sr. Professional Research Assistant
FTE	75%
Salary	\$54,750

This is to offer you an appointment to the Colorado School of Public Health, University of Colorado, as noted above. This offer is made upon the recommendation of the Department as noted above (and Center as applicable), with the concurrence of the Dean of the Colorado School of Public Health. This offer is contingent on your passing a criminal background check. This letter supersedes any and all other written or verbal agreements regarding your position.

Faculty at this rank are not eligible for University tenure nor does service count toward tenure. Your appointment will begin as noted above. Your initial salary is indicated above as is your percent of full-time employment. Your specific responsibilities are listed in the attached job description. For information concerning your benefits as a faculty member, please contact Employee Services (ES) at (303) 860-4200.

By accepting this position, you agree to perform duties and responsibilities which are in the area of your expertise or academic interest, or are otherwise appropriate, and which are assigned to you consistent with your rights and responsibilities as a faculty member.

By accepting this appointment, you agree to comply with all resolutions, rules and regulations adopted by the Board of Regents, and with policies and regulations adopted by the campus, department, school, college or other academic unit in which your appointment is made, consistent with the policies and procedures of the University and your rights and responsibilities as a faculty member.

State law specifically requires that you be an employee at-will in your non-tenure track position and that the following paragraph be included in this letter of offer. Your employment contract is subject to termination by either party to such contract at any time during its term, and you shall be deemed to be an employee-at-will. No compensation, whether as a buy-out of the remaining term of the contract, as liquidated damages, or as any other form of remuneration, shall be owed or paid to you upon termination of such contract except for compensation that was earned prior to the date of termination.

In order that a recommendation for appointment be submitted to the Dean on your behalf, please notify me of your willingness to accept this position by returning the signed letter to the Colorado School of Public Health. We look forward to your acceptance of this offer and to your contributions to the University.

I recommend:

Department Chair

Date

PI / Center Director

Date

Dean

Date

AD for Admin. & Finance

Date

I accept this offer of the faculty appointment described above, with the understanding that this offer is conditional upon approval of my appointment by the Dean of the Colorado School of Public Health, University of Colorado Denver.

SIGNATURE

6/15/19

DATE