Request to Stop the Tenure Clock for Exceptional Life Circumstances

Per article 9(B)(3)(b) of the AFUM contract, in the case of personal or professional life circumstances (e.g., personal illness, caring for a family member, etc.), a faculty member may request a one-year extension of the probationary period.

- The tenure clock may be extended more than once during the probationary period.
- Stopping the tenure clock does not change the timetable or cycle for future reappointments as described in Article 7 of the AFUM contract.

A faculty member who wishes to extend the probationary period due to exceptional life circumstances shall complete and submit this form to (a) the unit or department’s chair or director, (b) who must then review and submit to the appropriate dean’s office, (c) who must then route to the Provost’s Office for final approval. The faculty member must complete this form and forward it to the appropriate department chair or director on or before September 1 of the academic year in which the extension will apply. The Provost will notify the faculty member of the approval or denial of the request on or before September 15 of the academic year in which the request is received.

Faculty members considering an extension of the probationary period are encouraged to contact the Offices of Equal Opportunity and Human Resources to investigate whether other University policies and/or state and federal laws apply under the circumstances, and to discuss the particular situation. **Note that if a request related to a faculty member’s own health condition is submitted, the applicant must forward a copy of the request to the Office of Equal Opportunity.**

All entities must review and sign the completed application.

If the request involves a faculty member’s own health condition, any administrator who is considering denying the request at any level must consult with the Office of Equal Opportunity before doing so.

Name Click here to enter text.

Department/Unit Click here to enter text.

College Click here to enter text.

**Period of Tenure-Clock Extension:**

Reason for Request Click here to enter text.

Begin Date: Click here to enter text.  End Date: Click here to enter text.

Applicant’s signature _____________________________  Date ____________

Chair/Director
☐ Approved
☐ Denied – reason:

______________________________
______________________________
______________________________

Signature
Date

Dean
☐ Approved
☐ Denied – reason:

______________________________
______________________________
______________________________

Signature
Date

Provost
☐ Approved
☐ Denied – reason:

______________________________
______________________________
______________________________

Signature
Date

CC: Applicant Peer Committee