Tenure Clock Extension Request

In accordance with Board Policy 2-3-902(3) (b), a tenure-track member of the faculty shall be eligible for an extension of the tenure probationary period for life events that can be expected to markedly delay the ability to meet the requirements for tenure. A maximum of two (2) separate extensions of the tenure probationary period will be granted.

Each extension will be for one (1) year. When an extension to the tenure clock occurs, the total body of the work required for tenure shall be no different from the case in which no stoppage of the tenure clock occurred. Life events that can be expected to markedly delay the ability to meet the requirements for tenure are listed on the following page.

Notification of the intent to take an extension under the terms of this policy, as stated above, shall be made in writing and sent to the chair/director. When a request for extension is based on either 2-3902(3)(b)(ii) or 2-3-902(3)(b)(iii), the request should be submitted to the Director of Human Resources and the chair/director notified that an FMLA request has been submitted. The Director of Human Resources will forward the results of said request to the Chair/Director who will consider the results of the FMLA application in their decision. The chair/director who, noting any reasons to believe that the notification is based on illegitimate grounds, shall forward to the dean who, noting any reasons to believe that the notification is based on illegitimate grounds, shall forward to the Chief Academic Officer (CAO). Unless the Chief Academic Officer (CAO) finds compelling reasons to disallow the extension, the extension shall occur. The chair/director, dean, and Chief Academic Officer (CAO) shall each have ten (10) working days in which to complete his/her role in the process. Notification of the intent to take an extension shall be made within three (3) months of the onset of the life event, or as soon as practicable once the situation has been identified.



Tenure Clock Extension Request

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|  |  |  |  |  |
| *Employee Name* |  | *Department* |  | *Date of Request* |

Please indicate the appropriate life event(s) applicable:

a child is born or adopted into the faculty member’s household; each parent in the household is eligible.

serious health condition (as defined in the Family and Medical Leave Act) persisting for a substantial portion of a semester, the faculty member is required to act as the primary caregiver for a parent, child, spouse, or domestic partner.

serious health condition (as defined in the Family and Medical Leave Act) persisting for a substantial portion of the period for which the extension is sought, the faculty member is unable to perform the functions of her or his position.

death of a parent, child, spouse, or domestic partner.

catastrophic residential property loss; each faculty employee in the Household is eligible.

Other

Please provide a description of the life event(s) (i.e. child born on 1/1/2018, father passed away on 1/1/2018, etc.):

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| **\* \* \* Approvals \* \* \*** | | | | | | | |
|  |  |  |  |  |  | Approve | Not Approved |
| *Name of Employee* |  | *Signature of Employee* |  | *Date* |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | Approve | Not Approved |
| *Name of HR Director (as needed)* |  | *Signature of HR Director (as needed)* |  | *Date* |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | Approve | Not Approved |
| *Name of Chair/Director* |  | *Signature of Chair/Director* |  | *Date* |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | Approve | Not Approved |
| *Name of Department Dean* |  | *Signature of Department Dean* |  | *Date* |  |  |  |

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|  |  |  |  |  |  | Approve | Not Approved |
| *Name of Provost* |  | *Signature of Provost* |  | *Date* |  |  |  |