**Extension Request Form for**

**Tenure Clock and Post Tenure Review Clock**

A one-year extension shall be automatically granted to either parent/domestic partner (or both, if both parents are tenured/tenure track faculty members) in recognition of the demands of caring for a newborn child or a child under five newly placed for adoption or foster care. The request should be made within a year of the child’s arrival in the family.

An extension of the probationary/review period may also be approved on a discretionary basis for other extenuating non-professional circumstances that prove to have a significant impact on the faculty member’s productivity, such as a serious personal illness or major illness of the family or a domestic partner. Verification of medical reasons is required and must be submitted with this request. In rare cases, extraordinary professional circumstances not of the faculty member’s making, may be acceptable justification for a probationary period extension (See sections 4.07 A.3.e.6 [Tenure]; 4.08.C [PTR] of the Faculty Handbook for further information.)

Faculty Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Member’s 92#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Probationary Period Request \_\_\_\_\_\_ Post Tenure Review (PTR) Request \_\_\_\_\_

Current mandatory tenure/PTR review year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a previous probationary extension has been received, indicate the date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Extension of the tenure probationary period for a new parent (childbirth, adoption, foster care) is automatic.

 Date of childbirth, or date when a child under five was newly placed for

 adoption or foster care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other request for stopping the tenure/PTR clock. Specify circumstances below (attach additional sheets if necessary):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Faculty Member Date

* Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Not Approved Department Head Date
* Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Not Approved Dean Date
* Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Not Approved Provost Date

If the Department Head does not support this request, the reasons for denial shall be provided in writing, and the request is automatically forwarded to the Dean for further review.

If the Dean does not support this request, the reasons for denial shall be provided in writing.

Should the petition be denied by the Department Head or Dean, the application may be appealed to the next highest level. The Provost’s decision is final. Each decision shall be provided in writing to the faculty member within 2 weeks of the request.

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To be completed by the Office of the Provost:

New Tenure/PT Review Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Final year, if tenure is not awarded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_