

REQUEST TO STOP THE CLOCK TOWARD CONTINUING OR PERMANENT APPOINTMENT

FOR BIRTH/ADOPTION/FOSTER CARE PLACEMENT OF A CHILD

Instructions: Submit the completed, signed form to your department chair.

EMPLOYEE INFORMATION:	
Name:	Title:
Department:	Supervisor:
Please be advised that I am exercising my right continuing or permanent appointment due to the child.	
ACADEMIC EMPLOYEES: I am a tenure-track academic employee, with (select one option below):	n an academic year obligation. I am requesting
1 semester service credit clock stopp	age
Effective Semester: OR	Year
2 semesters service clock stoppage	
Effective Date:	
Return Date:	
Employee Signature:	Date:
Acknowledgment at the request of faculty:	
Chair Signature:	Date:
Faculty Affairs Signature:	Date:
HR Acknowledgment: This form has been received by Human Resource	ces
Human Resources:	Date: