



REQUEST TO STOP THE CLOCK TOWARD CONTINUING OR PERMANENT APPOINTMENT

FOR CRITICAL LIFE EVENT OR SPECIAL CIRCUMSTANCES

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

EMPLOYEE INFORMATION:

Name:	Title:
Department:	Supervisor:

CRITICAL LIFE EVENT OR SPECIAL CIRCUMSTANCES:

(select one option below):

☐ Request for a tenure clock stop based on a **Critical Life Event** including personal/family member illness, elder care issue.

OR

☐ Request for a tenure clock stop based on **Special Circumstances** related to research.

ACADEMIC EMPLOYEES:

I am a tenure-track academic employee, with an academic year obligation. I am requesting (select one option below):

☐ 1 semester service clock stoppage

Effective Date:

Return Date:

OR

☐ 2 semesters service clock stoppage

Effective Date:

Return Date:

NB: THESE CLOCK STOPPAGES REQUIRE A TRACK CHANGE

Employee Signature: _____ Date: _____

Chair Signature: _____ Date: _____

Dean Signature: _____ Date: _____

Employee Relations Signature: _____ Date: _____

Faculty Affairs Signature: _____ Date: _____