



## 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):

- ☐ A tenure clock stop based on a **Critical Life Event** (e.g. personal/family member illness, elder care issue) requires approval by your dean. Notifications to all supervisory levels is required – chair, dean and the Office of Faculty Affairs (OFA). OFA shares material with UB HR.

**OR**

- ☐ A tenure clock stop based on **Special Circumstances** related to research requires approval by the Vice Provost for Faculty Affairs. Because the individual circumstances vary, these clock stops are evaluated on a case-by-case basis. Approvals by all supervisory levels are required – chair, dean and the OFA. OFA shares material with UB HR.

### ACADEMIC EMPLOYEES:

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

- ☐ 6 months service credit clock stoppage  
Effective Date: \_\_\_\_\_  
Return Date: \_\_\_\_\_

**OR**

- ☐ 1 year 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: \_\_\_\_\_