



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 to stop the clock for service credit toward continuing or permanent appointment due to the birth/adoption/foster care placement of my child.

PROFESSIONAL EMPLOYEES:

I am a professional employee. The duration of my clock stoppage will be:

Effective Date:

Return Date:

Employee Signature: _____ Date: _____

Chair Signature: _____ Date: _____

HR Acknowledgment:

This form has been received by Human Resources

Human Resources: _____ Date: _____