SERVICE TOWARD COMPLETION OF THE PROBATIONARY PERIOD

This completed form must be sent with the offer packet or request for leave without pay.

Special Tenure Code Provision for Tenure-Track Faculty who have
1) Appointments Beginning After the Eighth Week of the Academic Year or
2) Leave Without Pay

1) Appointments Beginning After the Eighth Week of the Academic Year:
I certify that I have read the policy [Statutes, Article X, Section 1b (1)] on holding the tenure clock when the initial appointment begins after the eighth week of the academic year. I understand that I have the option of counting or not counting a year toward the completion of my probationary period for the partial year’s service I will provide the University during my initial appointment, if approved. I understand how my decision, indicated below, will affect the timing of my promotion and tenure review.

______ Yes, I do want the year to count toward the completion of my probationary period.

______ No, I do not want the year to count toward the completion of my probationary period.

2) Leave Without Pay:
I certify that I have read the policy [Statutes, Article IX, Section 7g] on holding the tenure clock while on leave without pay. I understand how the options below will affect the timing of my promotion and tenure review.

______ I understand that since I will be able to continue my scholarship/creative activity during the time I am on leave without pay, that the period will count toward the completion of my probationary period.

______ I understand that since my leave without pay is a result of personal/professional events that detrimentally affect my ability to fulfill my academic responsibilities, I have the option of counting or not counting the leave toward the completion of my probationary period. Therefore,

______ I do want the year to count toward the completion of my probationary period.

______ I do not want the year to count toward the completion of my probationary period.

Name ________________________________ Date ________________
(Print)
(Signature)

Concurrence of the Department Head (and Dean, if applicable):

Name ________________________________ Date ________________
(Print)
(Signature)

Name ________________________________ Date ________________
(Print)
(Signature)