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TENURE HOLD FORM
(Approval Required)

FPP 1000-E2

In the event that the undertaking of certain responsibilities leaves a tenure-track assistant professor unable to perform the functions of his/her position, the tenure probationary period for the faculty member may be interrupted. These responsibilities include those following the birth or adoption of a child, or those associated with a serious health condition or the care of a family member with a serious health condition. A leave of absence (with or without pay) may be associated with these events. Providing adequate support to these faculty members may be essential to their success in achieving promotion and tenure. Therefore, it is recommended that assistant professors, who experience one of the events noted above during their tenure-track probationary period, should consider the option of a one-year tenure hold during the year in which they experience the event. Automatic and approved tenure holds should not be done during the year of the tenure-track probationary period in which the assistant professor is considered for promotion and tenure.

APPROVED TENURE HOLD (requires approval): A one-year tenure hold may be requested if a tenure-track assistant professor experiences an event that makes the faculty member unable to perform the function of her/his position. Such events include a serious health condition or the care of a family member with a serious health condition. These events may be associated with a request for a leave of absence.

Under the above circumstances, the assistant professor or his/her designee should notify their department head/chair that he/she is requesting a tenure hold. Completion of the Tenure Hold Request Form with required approvals from the department head/chair and the dean should be submitted to FAHR. Ordinarily no more than two such holds (including tenure rollbacks) should be granted.

I certify that I have read the policy [**Statutes, Article IX, Section 7g**] on holding the tenure clock. I understand how the options below will affect the timing of my promotion and tenure review therefore,

I request to hold my tenure clock during the academic year _____ due to _____.

Name _____ Date: _____

UIN _____
(Print)

Signatures:

Faculty Member _____ Date _____

Department Head/Chair _____ Date _____

Dean _____ Date _____