

Date:

Name of Faculty Member:

UIN:

Tenure Code (Current Academic Year):

Unit(s):

College(s):

Previous Rollback(s): YES:  NONE:

If YES, Please explain when it occurred and why?

**Reason(s) for Rollback (indicate below):**

- Extended and/or severe personal illness
- Compelling obligations to a member of the family or household that required significant time away from University duties
- Childbirth or adoption
- Compelling circumstances beyond faculty member's control (e.g., grave administrative error)
- Other (Please Explain):

**ATTACHMENTS**

- Faculty member's current curriculum vitae
- Faculty member's supporting documentation for the request
- Letter of request from faculty member to unit executive officer
- Letter of request from unit executive officer to Dean or Director
- Letter of request from Dean or Director to Provost

**APPROVALS: (For members who have joint appointments, recommendations must be approved by all units)**

Unit Executive Officer: \_\_\_\_\_ Unit: \_\_\_\_\_  
UEO Signature Date

Unit Executive Officer: \_\_\_\_\_ Unit: \_\_\_\_\_  
UEO Signature Date

Dean: \_\_\_\_\_ College: \_\_\_\_\_  
Dean's Signature Date

Dean: \_\_\_\_\_ College: \_\_\_\_\_  
Dean's Signature Date

Provost Approval: \_\_\_\_\_  
Provost or Designee Signature Date