

**University of Illinois at Chicago  
Office of the Provost and Vice Chancellor for Faculty Affairs**

**SERVICE TOWARD COMPLETION OF THE PROBATIONARY PERIOD  
Special Tenure Code Provision for Tenure-Track Faculty who have 1) Appointments Beginning  
After the Eighth Week of the Academic Year  
or who take 2) Leave Without Pay**

**1) Appointments Beginning After the Eighth Week of the Academic Year:**

I certify that I have read the policy 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 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 (Printed) \_\_\_\_\_ Date \_\_\_\_\_

Name (Signed) \_\_\_\_\_

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

Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_

Name (Signed) \_\_\_\_\_

Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_

Name (Signed) \_\_\_\_\_