

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 _____
(Print)

Date _____

(Signature)

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

Name _____
(Print)

Date _____

(Signature)

Name _____
(Print)

Date _____

(Signature)