



TENURE CLOCK EXTENSION FORM

The University of Alabama in Huntsville

Faculty Member Name: _____ Rank: _____

College/School: _____ Department: _____

Campus Address: _____ Campus Phone or Cell: _____

Date of initial appointment as a tenure-track faculty member: _____

If you received an extension of the tenure clock¹ previously, please indicate the year and semester(s) of the extension: _____

Please check the appropriate box below and attach the required documentation of the relevant event or circumstances (i.e., birth certificate, physician's certification, etc.). In the case of Option B. Requested Extension, please also attach a letter outlining the reasons for your request. (Letters of request and certification documents should not include any specific information regarding medical history of the faculty member or family member, including specific manifestation of diseases and disorders.)

A. Automatic Extension
A tenure-track faculty member is eligible for an automatic one-year extension of the maximum probationary period related to the birth or adoption of a child. **(Notification and documentation required).**

B. Requested Extension
A tenure-track faculty member is eligible for a one-year extension of the maximum probationary period upon request for the following reasons: a serious illness of the faculty member and/or a close family member; the death of a close family member; or other relevant circumstances upon approval. **(Documentation required).**

C. Provost Approved Extension
A tenure-track faculty member is eligible for a one-to-two year extension of the maximum probationary period upon Provost approval in exceptional circumstances as deemed appropriate and necessary.

The following documents must be attached to this form before submission to academic unit head. Letters of request and certification documents should not include any specific information regarding medical history of the faculty member or family member, including specific manifestation of diseases and disorders.

- Copy of relevant documentation of life event (i.e. birth certificate, adoption papers, physicians certification, etc.)
- Letter of request and justification written by faculty member (required for Option B only)

Faculty Member Signature

Date

Required Approvals² Please attach additional comments as necessary. In the case of a denial, a written justification is required. All forms must be forwarded through the entire chain of approval to the Provost Office.

Chair of Department

Date

Approve Deny

College Dean

Date

Approve Deny

Associate Provost

Date

Approve Deny

1 - Please refer to UAH Policy 02.01.63 for more information.

2 - Please note that approval is automatic in cases of childbirth or adoption