

THIRD-YEAR TENURE/SECURITY OF EMPLOYMENT CLOCK EXTENSION REQUEST FORM

Campus: _____

Request date: _____

I. APPOINTEE INFORMATION

Name: _____ Home Dept/Unit: _____

Title: _____ Home College/School: _____

Date of initial Assistant appointment: _____ Initial probationary period end date: _____

II. CERTIFICATION

First Approved Stop the Clock Request (please select one reason and enter date):

- | | |
|--|--|
| <input type="checkbox"/> Childbearing/Childrearing | <input type="checkbox"/> Significant Circumstance or Event |
| <input type="checkbox"/> Serious Health Condition (includes disability or bereavement) | <input type="checkbox"/> COVID-19 |

New probationary end date: _____

Second Approved Stop the Clock Request (please select one reason and enter date):

- | | |
|--|--|
| <input type="checkbox"/> Childbearing/Childrearing | <input type="checkbox"/> Significant Circumstance or Event |
| <input type="checkbox"/> Serious Health Condition (includes disability or bereavement) | <input type="checkbox"/> COVID-19 |

New probationary end date: _____

Third (Current--approval pending) Stop the Clock Request (please select one reason and enter date):

- | | |
|--|--|
| <input type="checkbox"/> Childbearing/Childrearing | <input type="checkbox"/> Significant Circumstance or Event |
| <input type="checkbox"/> Serious Health Condition (includes disability or bereavement) | <input type="checkbox"/> COVID-19 |

Proposed probationary end date: _____

III. SUPPORTING DOCUMENTATION

Please attach the following supporting documentation:

- ☐ Appointee's CV from most recent review
- ☐ Promotion/Tenure timeline
- ☐ Documentation that supports the reason a third one-year extension is requested
- ☐ Other, briefly describe (e.g., documentation of local request/signatures):

IV. CAMPUS ENDORSEMENT

Executive Vice Chancellor/Provost or designee's signature
(refer to campus Delegation of Authority for approval authority)

Date

Printed name

V. APPROVAL (to be completed by UCOP)

Vice Provost - Academic Personnel and Programs:

Recommendation: _____

Signature

Date

Printed name

Provost and Executive Vice President - Academic Affairs:

- ☐ Approved
- ☐ Not Approved

Signature

Date

Printed name

Comments:

