

THIRD-YEAR TENURE/SECURITY OF EMPLOYMENT¹ CLOCK EXTENSION REQUEST FORM
Originally issued May 29, 2020
Revised April 3, 2025

BACKGROUND:

Under [APM - 133](#), campuses have a long practice of granting requests to stop the clock when circumstances beyond the control of a faculty member significantly disrupt that individual's University duties. As defined in [APM - 133-17-h](#) requests may be made for personal reasons: (1) childbearing or childrearing; (2) serious health condition including disability or bereavement; and (3) significant circumstance or event. Note: COVID-19 related third-year extension requests must be submitted under the appropriate reason (*e.g.*, serious health condition or significant circumstance). University policy provides that Chancellors may grant an academic appointee up to two one-year "stop the clock" tenure/security of employment extensions during the probationary period. Extensions of the tenure/security of employment clock beyond the Chancellor's authority may only be granted in exceptional cases with approval by the President. The President has delegated this approval authority to the UC System Provost and Executive Vice President.

The University recognizes that faculty members may require subsequent tenure/security of employment clock extensions beyond the two years set forth in policy for the above noted reasons. As a result, the UC System Provost and Executive Vice President for Academic Affairs will review and give careful consideration to requests for a third-year extension for those faculty who have already had two years off the tenure/security of employment clock approved by the campus.

INSTRUCTIONS:

To request a third-year tenure/security of employment clock extension, appointees should follow local procedures to request time off the clock. Upon receipt of the request in the campus Academic Personnel Office, the campus Academic Personnel Office is responsible for completing the attached form, compiling the necessary supporting documentation requested below and summarized in Section III, and for obtaining the appropriate signature in Section IV. Upon completion, the form and supporting documentation should be submitted to UCOP Systemwide Academic Personnel at: tenureclockextension@ucop.edu.

Required Documentation Summary (see APM policy section referenced for full text):

- Childbearing/Childrearing
 - [APM - 760-30-b](#) – an appointee must include a written statement that the appointee is responsible for 50% or more of the care of the child or children.
- Serious Health Condition Including Disability or Bereavement
 - [APM - 133-17-h\(2\)](#) – for a faculty member with a serious health condition or disability who has provided the appropriate supporting medical documentation, an appropriate period will be excluded from service upon request of the faculty member. A faculty member's request to stop the clock to care for a close family member who is seriously ill or due to the death of a close family member must provide supporting documentation as required by campus procedures.
- Significant Circumstance or Event
 - [APM - 133-17-h\(3\)](#) the faculty member requesting to stop the clock must provide appropriate supporting documentation as determined by established campus procedures.

¹ Note that the UCOP third-year exception process is for tenure-track/potential for security of employment positions only. Extensions for other titles that do not hold tenure/security of employment, but that are subject to the eight-year limit, are subject to the Chancellor's approval authority pursuant to APM - 133-17-h.

UCOP - Systemwide Academic Personnel

Upon receipt, UCOP Systemwide Academic Personnel will conduct an initial review and will forward the request to the UC System Provost and Executive Vice President for consideration.

To avoid any delays in the processing of your request, please ensure that you have provided the appropriate information on all lines of the form below including the campus signature in section IV. The supporting documents should be sent as a single PDF, separate from this form, and should include materials in the following order:

- (1) Documentation (such as appointee request letters/letters in support of request/campus-specific forms/justification statements) that supports the reason a third one-year extension is requested
- (2) Other documentation related to the request (as described above and in policy)
- (3) Any additional documentation that will be beneficial to the UC System Provost and Executive Vice President in reviewing the exception request
- (4) Promotion/tenure timeline (including all dates from sections I and II above)
- (5) Appointee's current CV

UCOP - Systemwide Academic Personnel

THIRD-YEAR TENURE/SECURITY OF EMPLOYMENT CLOCK EXTENSION REQUEST FORM
All fields are required. This form will not be processed if incomplete information is provided.

Campus: _____

Date clock extension requested by appointee: _____

I. APPOINTEE INFORMATION

Name: _____ Home Dept/Unit: _____

Title: _____ Step: _____ Home College/School: _____

Date of initial Assistant rank appointment: _____

Initial probationary period end date (end of eighth year) *: _____

* Please explain if the initial probationary period end date is less than eight years from the initial Assistant appointment (e.g., prior service in certain titles, per APM - 133): _____

II. CERTIFICATION

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

- Childbearing/Childrearing Significant Circumstance or Event
 Serious Health Condition (includes disability or bereavement) COVID-19

Academic year in which stop the clock was requested: _____

Amount of time the clock is stopped/extended (e.g., 1 year/quarter/semester): _____

New probationary end date: _____

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

- Childbearing/Childrearing Significant Circumstance or Event
 Serious Health Condition (includes disability or bereavement) COVID-19

Academic year in which stop the clock was requested: _____

Amount of time the clock is stopped/extended (e.g., 1 year/quarter/semester): _____

New probationary end date: _____

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

- Childbearing/Childrearing Significant Circumstance or Event
 Serious Health Condition (includes disability or bereavement)

Academic year of current request: _____

Amount of time the clock is being stopped/extended (e.g., 1 year/quarter/semester): _____

Proposed probationary end date: _____

III. SUPPORTING DOCUMENTATION

Please attach, as a single PDF separate from this form, the supporting documentation in the following order:

- Documentation (such as appointee request letters/letters in support of request/campus-specific forms/justification statements) that supports the reason a third one-year extension is requested
- Other documentation related to the request (as described above and in policy)
- Any additional documentation that will be beneficial to the UC System Provost and Executive Vice President in reviewing the exception request
- Promotion/Tenure timeline (including all dates from sections I and II above)
- Appointee's current CV

IV. CAMPUS RECOMMENDATION

Recommendation: _____

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

Date

Printed name

UCOP - Systemwide Academic Personnel

**THIRD-YEAR TENURE/SECURITY OF EMPLOYMENT EXTENSION REQUEST FORM
UCOP Signature Page (to be completed by UCOP)**

Campus: _____

Date clock extension requested by appointee: _____

Name: _____

Home Dept/Unit: _____

Home College/School: _____

V. DECISION (to be completed by UCOP)

Deputy Provost – Systemwide Academic Personnel:

Recommendation: _____

Signature

Date

Printed name

UC System Provost and Executive Vice President - Academic Affairs:

- Approved
- Not Approved

Signature

Date

Printed name

Comments:

