**Tenure Clock Stoppage Form**

**To** Provost , Pace University

 School Dean: School:

**RE: Notification of One-Year Stoppage of Tenure and Promotion Clock**

**Date**:

**From**: **Email address**:

**Department**: **Current Rank**:

**Department Chair**:

As stated in the Faculty Handbook: Tenure clock stoppage may be granted for one or more years up to a maximum of two academic years during the tenure probationary period. Except in extraordinary circumstances, no single tenure clock stoppage will be granted for longer than one academic year. Tenure clock stoppage may be granted for any of the following reasons:

* 1. For a faculty members who are the primary caregivers of a child, a parent, a spouse or domestic partner in a health crisis of extended duration.
	2. For a faculty member that has been granted full semesters of leave for illness/disability (including maternity) leave, or a personal leave of absence (for a purpose other than an approved professional pursuit).
	3. For extraordinary, non-recurring circumstances beyond the reasonable control of the faculty member, that materially adversely affect the faculty member’s ability to complete degree requirements and/or perform research, teaching and service.

I am writing to inform you that I am choosing to opt-in for the one-year stoppage of my Tenure clock due to the following reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This form is signed and dated so that the department, college, and University records can be updated.

I understand that this stoppage allows me to postpone my Tenure eligible date from **September 20XX** to the following academic year of **September 20XX**. I understand that choosing this stoppage will not penalize me or in any way negatively affect my tenure and/or promotion application or review.

**Signature of candidate** *(type, do not scan)*:

*To be signed by the Dean and the Provost*

**Signature of Dean** *(do not scan)*: **Date signed**:

**Signature of Provost** *(do not scan)*: **Date signed**: