

SERVICE TOWARD COMPLETION OF THE PROBATIONARY PERIOD

(Special Tenure Code Provision for Leave Without Pay for Tenure-Track Faculty)

I certify that I have read the policy 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 period **will** count towards 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.

___ 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 (Printed)_____ Title_____

Name (Signed)_____ Date_____

Concurrence of Department Head/ Unit Executive Officer :

Name (Printed)_____

Name (Signed)_____ Date_____

This form should be attached to the *Leave of Absence Without Pay Request (Faculty and Academic Professionals)*.