

**Transmittal for
Tenure Rollback Request**

In accordance with Provost Communication 16, please complete this transmittal, along with attachments, and submit to the Office of the Provost.

Date: _____

Name of faculty member: _____

UIN: _____

Department: _____

College: _____

Reason for rollback (indicate below):

- Disability or extended and/or severe personal illness
- Compelling obligations to a member of the family or household that required significant time away from University duties
- Childbirth or adoption
- Grave administrative error
- Other _____

ATTACHMENTS

- Faculty member's current curriculum vitae
- Faculty member's supporting documentation for the request
- Letter of request from faculty member to unit executive officer
- Letter of request from unit executive officer to Dean or Director
- Letter of request from Dean or Director to Provost

APPROVALS

(For members who have joint appointments, recommendations must be approved by all units.)

Department _____ School _____ College _____

Department _____ School _____ College _____

Provost Approval: _____
Provost or Designee Date