



REQUEST FOR EXTENSION OF EIGHT-YEAR LIMIT

As provided in the Academic Personnel Manual, Section 133-17-b, you may request an Extension of the Eight-Year Limit on service as an Assistant Professor.

Name _____ Department _____
(Last, First, Middle Initial)

▶ SECTION I: CHILDCARE

Check one box and list dates. This section should only be completed after the individual has had substantial child care responsibility. Requests for time off the tenure clock must be made within two years of a birth or adoption. **Please attach a written request and a current history record.**

My child was born on _____ .
date

My child was newly adopted on _____ .
date

I had responsibility for substantial child care from dates _____ to _____ .

▶ SECTION II: OTHER REASON(S)

Check one box and list dates. **Please attach a written request and a current history record.**

Sick Leave, dates _____ to _____ .

Non-Academically related activity, dates _____ to _____ .

Other, dates _____ to _____ .

▶ SECTION III: PREVIOUS EXTENSIONS

Have you been approved for a previous extension? Yes No If yes, please explain and list the dates:

Signature _____ Date _____

Department Chair _____ Date _____

Dean _____ Date _____

Chancellor's Approval _____ Date _____