Santa Clara University
Office of the Provost

TENURE CLOCK EXTENSION FORM

Name_____

Department_____**College/School**_____

Tenure-track Appointment Start Date _____

Have you had a previously approved tenure clock extension? If yes, when was it approved?

Please check the appropriate box below. Attach documentation of the relevant event or circumstances that are not related to medical reasons. In the case of a Requested Extension for medical reasons, please send medical documentation directly to Becki McClure, Senior Benefits Specialist in Human Resources at rmcclure@scu.edu. Do not send the medical certification to anyone else at SCU. Human Resources will then provide the limited information needed by the Provost's Office to determine whether the extension should be granted. For more information, see the Faculty Handbook 3.4.1.1 at https://www.scu.edu/provost/faculty-affairs/faculty-handbook/ch3/#3.4.1.1.

□ **Automatic Extension***
A tenure-track faculty member is eligible for an automatic one-year extension of the probationary period for the birth or adoption of a child, or the death of a spouse, domestic partner, or child. (The faculty member must submit this completed form for the Automatic Extension to take place.)

□ **Requested Extension**
A tenure-track faculty member may request a one-year extension of the probationary period for their own serious health condition; for a serious health condition of their child, spouse, domestic partner, or parent; or for other extraordinary circumstances beyond their control that could significantly impede progress toward tenure.

If you have not yet had a Mid-Probationary Review (MPR), would you like to extend your MPR date by one year if this tenure clock extension is approved? (Please note that if you choose to extend your MPR, you will still have the option to go up for MPR at your current date, after alerting your dean and the Provost.)

□ **Yes, I would like to extend my MPR date by one year.**
□ **No, I want to keep my current MPR date.**

SIGNATURES
In the case of a denial, the department chair and dean must include a written justification.

_____ _____
Faculty Member Date

_____ _____ □ Approve □ Deny*
Department Chair Date

_____ _____ □ Approve □ Deny*
Dean Date

_____ _____ □ Approve □ Deny*
Provost Date

*Approval is automatic in cases of childbirth or adoption, or the death of a spouse, domestic partner, or child.