Stopping the Clock for Tenure Track Faculty

If you are a probationary faculty member electing to extend the maximum period of probationary service under the June 1997 Faculty Tenure Regulations, please complete the information requested below and forward to your academic unit head. (The Regulations can be found on-line at: http://www.umn.edu/regents/policies.html)

I, ________________________________________________________________________________________ (name of probationary faculty member and the department name), elect to extend the maximum period of probationary service for the academic year ____________ (e.g., 1997-98) for the following reason:

_____ reducing my appointment to 67% or less (Section 5.3 Definition of Academic Year). The Regulations allow for special contracts to be written to reduce appointment percentage (Section 3.6 Special Contracts).

_____ extending my appointment by one year due to new parent or caregiver responsibilities (Section 5.5 Exception for New Parent or Caregiver).

EXPLANATION:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

I have ____ (cite academic year and reason(s) below); or have not ____ previously extended the maximum period of probationary service.

ACADEMIC YEAR/REASON(S):________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

With this extension of the maximum period of probationary service, I understand that the academic year in which a decision on indefinite tenure is mandatory in my case is changed from:______________ to _______________ . (e.g., 1995-96 to 1996-97)

_____________________________________________________________________________________

Probationary Faculty Member                                Date

_____________________________________________________________________________________

Academic Unit Head                                       Date

_____________________________________________________________________________________

Collegiate Unit Head                                     Date

_____________________________________________________________________________________

Senior Academic Administrator                       Date

Following the dean's approval, forward completed forms to:

■ Academic Health Center Units: Dr. Barbara Brandt, AHC, MMC 501
■ Coordinate Campuses (Crookston, Duluth, Morris): Respective Academic Administration offices
■ ALL OTHER UNITS: Karen Linquist, HR, 120 Morrill Hall