



TENURE CLOCK EXTENSION FORM

A faculty member holding a probationary term of appointment on the tenure track may request an extension of the term of their current appointment for reasons of health, requirements of childbirth or child care, or similar compelling circumstances (adoption, elder care), in order to provide the faculty member additional time to demonstrate fully his or her professional qualifications for reappointment or permanent tenure.

Note: This process requires a discussion with your department Chair or Dean. Upon completion of this form, submit it to tenureclockextension@unc.edu

After the information is thoroughly reviewed and approved within the school/college, the Provost or designee will approve or disapprove the request and will notify the faculty member.

Once an extension has been approved, the department must submit an action in Connect Carolina to extend the term of the appointment and upload the tenure clock extension form and the tenure clock approval letter from the Office of the Executive Vice Chancellor & Provost.

The complete policy may be found here:

[Trustee Policies and Regulations Governing Academic Tenure in the University of North Carolina at Chapel Hill](#)

Examples of justification: *Per HIPPA regulations, please provide your explanation without compromising your privacy.*

For reasons of health, requirements of childbirth or childcare, or similar compelling circumstances – this is the language from the policy – see above

Language examples: Health related; birth of a child; primary caretaker of my family member

NOTE: If an extension is requested for reason of health or requirements of childbirth or childcare, the faculty member requesting the extension should contact Benefits and Leave Administration in the Office of Human Resources for information regarding FMLA or other programs that might apply. For additional assistance, please call the OHR-Benefits & Leave Administration Support Team at (919) 962-3071 or send an email to leave@unc.edu.

Name		PID		Rank	
School		Unit/Department			
Date of current appointment		Current probationary appointment end date			
Proposed appointment end date					
Is this your first extension request?	Yes	If yes , proceed to 'Faculty Member's Justification'			
	No	If no , provide request date(s) below and continue to 'Faculty Member's Justification'			
First request date	Second request date		Third request date		

Faculty Member's Justification: ***Per HIPPA regulations, please provide your explanation without compromising your privacy.***

Faculty Member's signature		Date	
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Submit form to your internal HR Representative for processing

Is this request supported by the Chair/Dean?	Yes	No	<i>(If not, the form must still be submitted for review)</i>	
Comments:				
Chair or Dean's signature		Date		
Chair or Dean's name				
Executive Vice Chancellor & Provost's/Designee signature		Date		