Service Toward Completion of the Probationary Period

**(Special Tenure Code Provision for Leave Without Pay for Tenure-Track Faculty)**

I certify that I have read the policy on holding the tenure clock while on leave without pay. I understand how the options below will affect the timing of my promotion and tenure review.

[ ]  I understand that since I will be able to continue my scholarship/creative activity during the time I am on leave without pay, that period **will** count towards the completion of my probationary period.

[ ]  I understand that since my leave without pay is a result of personal/professional events that detrimentally affect my ability to fulfill my academic responsibilities, I have the option of counting or not counting the leave toward the completion of my probationary period.

[ ]  I **do** want the year to count toward the completion of my probationary period.

[ ]  I **do not** want the year to count toward the completion of my probationary period.

# Signature

Name (Printed)

Title

Name (signed)

Date:

# Concurrence of Department Head/Unit Executive Officer:

Name (Printed)

Title

Name (signed)

Date:

**This form should be attached to the Leave of Absence Without Pay Request (Faculty and Academic Professionals).**