



**2020 AUTOMATIC NOTIFICATION OF
EXTENSION OF TENURE CLOCK DUE TO COVID-19**

Name _____ Employee ID _____

Tenure home unit/program _____ School/Institute _____ Campus _____

Date of appointment at tenure-track faculty rank _____ Semester/Year of tenure review _____

If not yet completed, are you requesting a move of your Third Year Review? _____ **Yes** _____ **No**

By completing this form, I am requesting to opt-in for the 2020 automatic extension of my 3rd year or tenure review so that the department/program, school/institute, and university records can be updated. Per policy, I understand that I may request, in writing to my supervisor one year in advance of the delayed scheduled review.

Once completed, please sign electronically and submit this form by email to your tenure home unit head (director, chair, or dean). All others sign electronically and move up to next level.

Faculty Member Signature _____ Date: _____

Chair Signature _____ Date: _____

Dean/Director Signature _____ Date: _____

Provost _____ Date: _____

The Office of the Provost will return a copy of this form to the school/institute acknowledging receipt of the form

To be filled out by the Office of the Provost

	PRESENTLY SCHEDULED	PROPOSED
Third Year Review, if not yet completed	20__ / __	20 __ / __
Promotion & tenure review	20__ / __	20 __ / __