

**THIRD-YEAR TENURE/SECURITY OF EMPLOYMENT<sup>1</sup> EXTENSION REQUEST FORM  
FOR COVID-19-RELATED DISRUPTIONS  
Originally issued May 29, 2020**

**BACKGROUND:**

In recognition of the unprecedented circumstances surrounding the 2020 COVID-19 pandemic, the University acknowledges that the pandemic's impact on a faculty member's ability to satisfactorily perform their academic duties qualifies as a "significant circumstance or event" under APM - 133, Limitation on Total Period of Service with Certain Academic Titles.

Under APM - 133, campuses have a long practice of granting requests to stop the clock when circumstances beyond the control of a faculty member significantly disrupt that individual's University duties. University policy provides that Chancellors may grant an academic appointee up to two one-year "stop the clock" tenure/security of employment extensions during the probationary period. Extensions of the tenure/security of employment clock beyond the Chancellor's authority may only be granted in exceptional cases with approval by the President. The President has delegated this approval authority to the UCOP Provost and Executive Vice President.

The University recognizes that faculty members may require subsequent tenure/security of employment clock extensions beyond the two years set forth in policy due to COVID-19-related disruptions. As a result, the UCOP Vice Provost and Executive Vice President will consider and favorably review requests for a third-year extension for those faculty members who have already used two tenure/security of employment clock extensions if one of those extensions was due to COVID-19 or if two tenure/security of employment clock extensions had already been granted and a third due to COVID-19 is requested. Such requests may come in 2020, but are also likely to come in future years.

**INSTRUCTIONS:**

To request a third-year tenure/security of employment clock extension for COVID-19-related disruptions, appointees should follow local procedures to request time off the clock. Upon receipt of the request in the campus Academic Personnel Office, the campus Academic Personnel Office is responsible for completing the attached form, compiling the necessary supporting documentation requested in Section III, and for obtaining the appropriate signature in Section IV. Upon completion, the form and supporting documentation should be submitted to UCOP Academic Personnel and Programs at: [tenureclockextension@ucop.edu](mailto:tenureclockextension@ucop.edu).

Upon receipt, UCOP Academic Personnel and Programs will conduct an initial review and will forward the request to the UCOP Provost and Executive Vice President for consideration.

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<sup>1</sup> Note that the UCOP third-year exception process is for tenure-track/potential for security of employment positions only. Extensions for other titles that do not hold tenure/security of employment, but that are subject to the eight-year limit, are subject to the Chancellor's approval authority pursuant to APM - 133-17-h.

THIRD-YEAR TENURE/SECURITY OF EMPLOYMENT CLOCK EXTENSION REQUEST FORM

Campus: \_\_\_\_\_

Request date: \_\_\_\_\_

**I. APPOINTEE INFORMATION**

Name: \_\_\_\_\_ Home Dept/Unit: \_\_\_\_\_

Title: \_\_\_\_\_ Home College/School: \_\_\_\_\_

Date of initial Assistant appointment: \_\_\_\_\_ Initial probationary period end date: \_\_\_\_\_

**II. CERTIFICATION**

First Approved Stop the Clock Request (please select one reason and enter date):

- Childbearing/Childrearing
- Significant Circumstance or Event
- Serious Health Condition (includes disability or bereavement)
- COVID-19

New probationary end date: \_\_\_\_\_

Second Approved Stop the Clock Request (please select one reason and enter date):

- Childbearing/Childrearing
- Significant Circumstance or Event
- Serious Health Condition (includes disability or bereavement)
- COVID-19

New probationary end date: \_\_\_\_\_

Third (Current--approval pending) Stop the Clock Request (please select one reason and enter date):

- Childbearing/Childrearing
- Significant Circumstance or Event
- Serious Health Condition (includes disability or bereavement)
- COVID-19

Proposed probationary end date: \_\_\_\_\_

**UCOP Academic Personnel and Programs**

**III. SUPPORTING DOCUMENTATION**

Please attach the following supporting documentation:

- Appointee's CV from most recent review
- Promotion/Tenure timeline
- Documentation that supports the reason a third one-year extension is requested
- Other, briefly describe (e.g., documentation of local request/signatures):

**IV. CAMPUS ENDORSEMENT**

\_\_\_\_\_  
Executive Vice Chancellor/Provost or designee's signature  
(refer to campus Delegation of Authority for approval authority)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

**V. APPROVAL (to be completed by UCOP)**

**Vice Provost - Academic Personnel and Programs:**

Recommendation: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

**Provost and Executive Vice President - Academic Affairs:**

- Approved
- Not Approved

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_