



**REQUEST TO STOP THE CLOCK - TENURE EXTENSION FORM**  
(Change of Tenure Effective Date)

Name: \_\_\_\_\_

Employee ID#: \_\_\_\_\_

Department/School: \_\_\_\_\_

College/Division: \_\_\_\_\_

Current Tenure **EFFECTIVE** Date: Fall \_\_\_\_\_ Extended Tenure **EFFECTIVE** Date: Fall \_\_\_\_\_  
(date tenure becomes effective)

Explanation: \_\_\_\_\_  
\_\_\_\_\_

(Please include letter of support as requested by chair/director and dean. Forward to your department/school for appropriate signatures/letters of support.)

\_\_\_\_\_  
Signature of Person Requesting Change Date

Approve / Deny \_\_\_\_\_  
Department/School Chair/Director Date

Approve / Deny \_\_\_\_\_  
Dean of College Date

**Colleges:** Please forward this completed form, along with any supporting documents, to the Office of the Provost, Altgeld 215, for review by the Provost.

Approve / Deny \_\_\_\_\_  
Executive Vice President and Provost Date

- cc: Dean  
Chair/Director  
Senior Associate Vice President, Human Resource Services  
Human Resource Services  
Employee