



TENURE CLOCK EXTENSION FORM
USC Columbia

Faculty Member Name: Rank:

College/School: Department:

Campus Address: Campus Phone:

Date of initial appointment as a tenure-track faculty member:

If your probationary period clock has been extended previously, please indicate the approval date(s) of the extension(s)

Please check the appropriate box below and attach documentation of the relevant event or circumstances. In the case of Option B. Requested Extension, please also attach a letter addressed to your academic unit head outlining the reasons for your request. For more information, see University Policies ACAF 1.31 Extension of Faculty Tenure-Track Probationary Period and ACAF 1.05 Tenure Progress Review of Faculty: Third Year Review at www.sc.edu/policies.

A. Automatic Extension

A tenure-track faculty member is eligible for an automatic one-year extension of the maximum probationary period related to the birth or adoption of a child, or the death of a spouse/partner or child.

B. Requested Extension

A tenure-track faculty member is eligible for a one-year extension of the maximum probationary period upon request for the following reasons: a serious illness of the faculty member and/or the faculty member's spouse/partner, child or parent; the death of a parent; the placement of a foster child; or other relevant circumstances upon approval.

C. Third Year Review Adjustment

A faculty member is eligible for an adjustment of the timing of the tenure progress review (third year review) when appropriate in conjunction with an automatic or approved extension of the tenure clock during the first three years of the probationary period.

Signatures (Please attach additional comments as necessary. In the case of a denial, a written justification is required.)

Faculty Member Date

Chair of Department (and Chair of Second Department if joint) Date

College/School Dean (and Second College/School Dean if joint) Date

Vice President for Research & Health Sciences (where appropriate) Date

Vice Provost for Faculty Development Date

Form received by USC Division of Human Resources (Columbia) Date

Approve [ ] Deny\* [ ]

Approve [ ] Deny\* [ ]

Approve [ ] Deny\* [ ]

Approve [ ] Deny\* [ ]

\*Please note that approval is automatic in cases of childbirth or adoption or the death of spouse/partner or child