

**REQUEST FOR EXCLUSION OF SERVICE TIME FROM TENURE PROBATIONARY PERIOD
(FOR REASONS OTHER THAN CHILDBIRTH OR ADOPTION)**

Name _____ Employee ID _____

TIU _____ College _____ Campus _____

Date of appointment at tenure-track faculty rank _____ Date of request _____

If not yet completed, are you requesting moving your Fourth Year Review? _____

Number of prior exclusions, if any: _____ **Childbirth/Adoption** _____ **Other** _____

Faculty Member's signature _____ **Date** _____

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This form is forwarded only if approval is recommended at each successive level (see below). In the event of a negative recommendation, the faculty member should be informed promptly of the denial of the request. The provost makes the final decision. A copy of the approved form will be returned to the dean.

Faculty request submitted within one year of the reason for the request, and before April 1 of the year in which the mandatory promotion and tenure review is presently scheduled (See Faculty Rule 3335-6-03 (D) (2).): Yes No

APPROVAL LEVELS WITH SIGNATURES

DATE

Regional campus dean/director (if applicable) _____

TIU Head _____

College Dean _____

Provost _____

The following 4 documents must be submitted with this form.

_____ Applicant's detailed statement of reasons for request

_____ Letter from TIU head *(for salaried joint appointments, include letter from head of other unit)*

_____ Report of TIU promotion and tenure committee's review of request

_____ Faculty member's current CV

To be filled out by the Office of Academic Affairs

	Presently Scheduled	Approved
Fourth Year Review, if not yet completed	8/15/____	8/15/____
Mandatory promotion & tenure review	8/15/____	8/15/____