

Tenure-Clock Extension Policy, Procedures and Guidelines**

(Presented at Faculty Senate, January 2007)

Purdue University recognizes the importance of providing a workplace that enables faculty to do their very best work. The university also recognizes that faculty may encounter circumstances which impair or prevent progress toward professional and scholarly achievement. This is an especially critical issue for faculty working toward tenure within a limited and specified timeframe. This policy provides faculty the opportunity to seek an extension of the tenure clock when certain situations arise that slow or hinder achieving tenure.

Background: The University tenure policy (Executive Memorandum B-48, Section II) states that justifiable conditions or interruptions may be considered as a basis for deviations from the traditional probationary tenure clock. Furthermore, the policy grants the University discretion in determining what kinds of conditions shall be deemed justifiable. The President has delegated the authority to approve tenure-clock extensions for justifiable conditions to the Provost.

To ensure consistency and fairness in determining which conditions are sufficiently justifiable to warrant deviation from the tenure policy, the following guidelines are recommended:

1. A one-year *automatic* approval will be granted for birth of a child and adoption, provided a Request for Tenure-Clock Extension form is submitted within one year of the occurrence and prior to the penultimate year. This provision applies to either or both parents.
2. When conditions and personal circumstances arise which substantially interfere with progress toward achieving tenure, faculty may request that time be excluded from their probationary periods. Justifiable conditions for granting exclusions include, but are not necessarily restricted to, severe illness, disability, or caregiving of a family member.
 - a. Ordinarily, requests for tenure-clock extensions are for one year.
 - b. Requests for exclusions should be made within one year from the time the conditions occurred which precipitated the request.
 - c. Exclusions will not be granted after the beginning of the penultimate year.
 - d. Requests for exclusions will be reviewed by the Provost upon receipt.
 - e. Decisions regarding the granting of exclusions shall be based upon:
 - a) verification that the conditions leading to the request occurred or continue to exist.
 - b) verification that the faculty member demonstrated progress prior to the conditions leading to the request.

- f. Deans and department heads have a responsibility to inform faculty of this policy, especially upon recognition that a qualified faculty member's progress toward tenure may be impeded by circumstances cited within this policy. Furthermore, faculty members are encouraged to discuss this policy with their head when qualifying circumstances arise or are anticipated.
- 3. Procedures for initiating, reviewing, and approving requests to exclude time from the probationary period are as follows:
 - a) Faculty should submit a Request for Tenure-Clock Extension form to the department head.
 - b) The department head shall transmit the request to his/her dean. The department head and/or dean is responsible for ascertaining that the request is valid.
 - c) If the dean approves the request, he/she will forward it to the Provost, who will act upon it.
 - d) Revised President's Office Form 19 should be processed to reflect the change in the end of the maximum probationary period.
 - e) Any faculty member who feels it necessary to appeal a decision may utilize established grievance procedures.

Request for Tenure-Clock Extension

Name: _____

Department: _____

College/School: _____

Campus address: _____

Phone/email: _____

Tenure-clock start date/penultimate year: _____

Duration of request (e.g., 1 year): _____

“New” penultimate year requested: _____

Rationale for request:

(If request is for childbirth or adoption, send this form directly to the Provost office.)

I understand the conditions associated with the granting of my request for an extension of the tenure clock and accept the extension as an arrangement which does not render an automatic granting of tenure. I also understand that I will not have a claim on tenure if no action is taken on my promotion/tenure status by the newly-established penultimate year.

Signature Date

Approvals:

Department Head Date Dean Date

Head/Dean comments (optional):

Approved:

Provost Date

Notification of approval will be sent to the requester.

PURDUE UNIVERSITY
APPOINTMENT TO THE FACULTY
CAMPUS

Distribution by
Human Resource Services:
White - HR Services
Green - HR Services
Canary - Individual
Pink - School
Goldenrod - Department

_____ New Appointment _____ Extension/Change in Appointment

NAME _____ Soc. Sec. # _____ Total
Last First Middle F.T.E. _____

DEPARTMENT(S) _____

POSITION CLASS _____ TITLE _____

PERIOD OF APPOINTMENT: BEGINS _____ ENDS _____
(Month) (Day) (Year) (Month) (Day) (Year)

(Check One) _____ "Ends" Signifies Termination Date Without Further Notice _____ "Ends" Signifies Review of Appointment Date

ANNUAL RATE OF PAY FOR THIS APPOINTMENT \$ _____ on an academic/fiscal year basis ("X" out word that does not apply)

Are there any other agreements affecting the terms and conditions not covered by this document _____ YES; _____ NO.

If "Yes," attach documentation of these agreements. On the following line(s), list the document(s) attached.

ATTACHMENTS: 1. _____
2. _____
3. _____

FACULTY TENURE STATUS:

_____ New Appointment

- a) _____ Appointed with Tenure (Reference Date Tenured Below)
- b) _____ Not eligible for Tenure
- c) _____ Eligible for Tenure; Waiting (Reference below for Day Following End of Maximum Probationary Period)

_____ Extension/Change in Tenure Status

- a) _____ Tenured (Reference Date Tenured Below)
- b) _____ Not eligible for Tenure
- c) _____ Eligible for Tenure; Waiting (Reference below for Day Following End of Maximum Probationary Period)
- d) _____ Change in Maximum Probationary Period (Reference below for Revised Period)
- e) _____ Other: (Explain) _____

Date Tenured/Day Following End of Maximum Probationary Period _____
(Month) (Day) (Year)

Are there any Conditions Regarding Tenure _____ YES; _____ NO. If "Yes," attach documentation of these conditions.

The individual named above is hereby appointed to the faculty of Purdue University for the limited term stated above, and hereby accepts such appointment on the terms and conditions provided herein and in Executive Memorandum No. B-50 (Terms and Conditions of Employment of Faculty Members), or succeeding documents, which by this reference is made part of this Agreement. This Agreement will become effective when it is signed by the individual named above, signed by the President, or a duly authorized designee, and, in the case of the initial appointment, approved by the Board of Trustees.

The term of this appointment, as to a non-tenured faculty employee, may be extended only by the execution of a Form 19, except that if tenure is attained during or at the expiration of the term of this appointment, extension of this appointment will be governed by the provisions of Executive Memorandum No. B-50, subject to the provisions of Executive Memorandum No. B-48, as revised or supplemented from time to time. Except as noted above, this Agreement and Executive Memorandum No. B-50 contain all of the terms and conditions of employment. The undersigned appointee understands that it is his/her responsibility to become acquainted with those Executive Memoranda which are related to Purdue employment, including, but not limited to, B-4, B-10, B-48, and the Faculty and Staff Handbook, receipt of which is hereby acknowledged.

AGREED: _____
(Appointee) (Date) (Department Head) (Date)

RECOMMENDED: _____
(Dean/Vice Chancellor) (Date) APPROVAL
RECOMMENDED/
APPROVED: _____
(President or Designee) (Date)

¹ Your Social Security number is requested on this form to facilitate record keeping and to minimize effort and errors in reference to other records which require use of your Social Security number. You have the right to refuse to provide your Social Security number on this form without penalty, or to request that it be removed at any time.