

POLICY AND PROCEDURE – EXTENSION OF TENURE CLOCK

A tenure-track faculty member may request a one year extension to the tenure clock for personal circumstances that will significantly disrupt teaching and scholarly activities for an extended period of time. Such personal circumstances (“Qualifying Events”) consist solely of:

- a. The birth of a child, the adoption of a child, or the placement of a child five years of age or less into foster care in the faculty member’s household when the faculty member is the primary custodial caregiver (the Qualifying Event must have occurred within one year of the request for an extension); or
- b. A serious health condition of the faculty member or the faculty member’s family; or
- c. Demonstrated delay in research due to either an inability to recruit qualified research subjects or a laboratory catastrophe for reasons beyond the control of the faculty member. In either case, determination and approval of the Qualifying Event will be at the sole discretion of the Dean.

A maximum of two one-year extensions may be approved for any Qualifying Event.

PROCESS

The faculty member requesting an extension for one of the above Qualifying Events will submit a written request with justification/supporting documentation and a filled out Faculty Request for Extension of the Tenure Probationary Period form to their Department Chair and the Senior Associate Dean of Faculty Affairs. Upon positive recommendation from each, the Dean of the Lewis Katz School of Medicine will make the final determination regarding the approval of extension requests based upon the Qualifying Event. Any such decision is final and will not be subject to review in any forum.

Notification of all approved extensions will be forwarded to the Temple University Vice Provost for Faculty Affairs.

The granting of an extension to a faculty member’s tenure probationary period does not extend their current term of appointment. The contract renewal process will occur in the ordinary course.

Extensions will not be granted to faculty members who have already been notified that they will not be considered for reappointment.

When a qualifying event occurs, tenure-track faculty are eligible for an extension of their probationary period. The length of each extension shall be one year, with a maximum of two one-year extensions available for approval. The faculty member shall complete the Request for Extension form and transmit it to their Department Chair and Senior Associate Dean of Faculty Affairs.

Date of Request: _____

Name: _____ TU ID: _____

Faculty Title: _____ Mandatory Review Year: _____

School/College: Lewis Katz School of Medicine Department: _____

Name of Chair: _____

Please check the appropriate box(es):

I request a one-year Extension to the Probationary Period due to the following qualifying event:

- Birth, adoption or foster care placement* and I affirm that I am the primary caregiver. (Note: If both parents work for Temple, only one parent can be designated as the primary caregiver for the purposes of a request for workload reduction.)**

Name of child: _____ Date of Birth/Adoption/Placement : _____

Written justification: _____

** The request for an extension must occur within one year of the birth, adoption or foster care placement.*

- A serious health condition for me or a member of my immediate family as defined by the Family Medical Leave Act (FMLA). I affirm that I have provided the Benefits Department with the appropriate documentation supporting this health condition.**

- A demonstrated delay in research due to either an inability to recruit qualified research subjects or a laboratory catastrophe for reasons beyond the control of the faculty member.**

To be completed by Department Chair

I certify that I have read this notice to extend the probationary period by one-year and will change records in the department regarding the mandatory review year upon notification from the Office of the Provost.

____ I Support

____ I Do Not Support

Department Chair's Signature _____ Date: _____

To be completed by LKSOM Senior Associate Dean of Faculty Affairs

This is to certify receipt of this notice to extend the probationary period by one-year. The faculty member's records in the Faculty Affairs Office will be changed with regard to the mandatory review year and will be forwarded to the University for recording of the change in tenure probationary period.

____ I Support

____ I Do Not Support

Sr. Associate Dean's Signature: _____ Date: _____

To be completed by LKSOM Dean

This is to certify receipt of this notice to extend the probationary period by one-year. The faculty member's records in the Faculty Affairs Office will be changed with regard to the mandatory review year and will be forwarded to the University for recording of the change in tenure probationary period.

____ I Approve

____ I Do Not Approve

Dean's Signature: _____ Date: _____

To be completed by Temple University Vice Provost for Faculty Affairs

I certify that I have read this notice to extend the probationary period by one-year and agree with the recommendation and will change records in the Office of the Provost department regarding the mandatory review year upon notification from the Provost.

Vice Provost's Signature _____ Date: _____