

## **TENURE CLOCK EXTENSION FORM**

## **USC Aiken, USC Beaufort or USC Upstate**

Faculty Member Name:		Rank:			
Camp	ous:D	Department:			
Campus Address:		Campus Phone:	_Campus Phone:		
Date o	of initial appointment as a tenure-track faculty	member:			
-	r probationary period clock has been extended extension(s)	· · · · · · · · · · · · · · · · · · ·		e(s)	
the ca outlini Facul	se check the appropriate box below and attach ase of Option B. Requested Extension, please a ing the reasons for your request. For more infectly Tenure-Track Probationary Period and ACA www.sc.edu/policies.	also attach a letter addressed formation, see University Poli	d to your academi cies ACAF 1.31 E	c unit head extension of	
	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.				
<u>Signa</u>	tures (Please attach additional comments as necess	sary. In the case of a denial, a v	vritten justification is	required.)	
Faculty Member		Date			
Academic Unit Head		Date	Approve □	Deny* □	
Execu	tive Vice Chancellor for Academic Affairs	Date	Approve □	Deny* □	
Form re	eceived by USC Division of Human Resources (Columbia)	 Date	*Please note that ap in cases of childbi		