

NOTE: This request is for one (1) year.

If additional time is needed in the future, a new **Stop the Clock Request**, including justification memo and approval signatures is required.

FACULTY INFORMATION

Name: _____ **U-Number:** _____
First Middle Last (ex: U00123456)

Faculty member's Current Rank: _____

College/School: _____ **Department:** _____

Appointment Start Date: _____ **Current End of Probation Period:** _____
(mm/dd/yyyy) (month/year)

Does the faculty member have a previously approved Stop the Clock request? ☐ YES ☐ NO
If **YES**, attach the previously approved request

Will this request result in a change of the faculty member's Mid-Tenure Review Timing? ☐ YES ☐ NO
If **YES**, indicate the adjusted Mid-Tenure year: _____

RECOMMEND APPROVAL

RECOMMENDED

Chair Signature

Date (MM/DD/YYYY)

☐ YES

Dean Signature

Date (MM/DD/YYYY)

☐ YES

Submit the following documents to provost@memphis.edu

- Completed/signed **Stop the Clock Request**
- Memo from faculty requesting Stop the Clock and their justification
- Attach previously approved **Stop the Clock Request** (if applicable)

APPROVAL – to be completed by Provost's Office

APPROVED

Provost Signature

Date (MM/DD/YYYY)

☐ YES

Adjusted Probation Semester/Year: _____
Semester Year