

**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

_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Chair Signature	Date (MM/DD/YYYY)		
_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Dean Signature	Date (MM/DD/YYYY)		

**Submit the following documents to [provost@memphis.edu](mailto:provost@memphis.edu)**

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

## APPROVAL – to be completed by Provost's Office

### APPROVED

\_\_\_\_\_ ☐ YES  
Provost Signature Date (MM/DD/YYYY)

**Adjusted Probation Semester/Year:** \_\_\_\_\_  
Semester Year