

**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: \_\_\_\_\_ Person Number: \_\_\_\_\_  
First Middle Last

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  NO

\_\_\_\_\_  
 Dean Signature Date (MM/DD/YYYY)  YES  NO

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

\_\_\_\_\_  
 Provost Signature Date (MM/DD/YYYY) YES NO

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