

UNDERSTANDING ON TENURE STATUS

Associated with Leave of Absence
for Non-Tenured Faculty

Such leave will count toward tenure only if the time is
spent as a full-time faculty member at another institution.

Name of faculty member: _____

University ID number: _____

Department: _____ School: _____

Service to be performed at (if applicable): _____

Description of service (if applicable): _____

Period of Leave: _____

Type of Leave: _____

(Departmental, Without Pay, Partial, Sick)

It is our mutual understanding that this time of service on leave (does) (does not) count as part of the probationary period toward tenure.

Faculty Member Signature Date Department Chairperson Date

Dean's Endorsements

On approval by the Chief Academic Officer making the leave official, our records will show that as of the end of the leave period, namely, _____, you will have accrued _____ years toward tenure.
(exact date)

Dean's Signature Date

Chief Academic Officer's Signature Date