

**TENURE CLOCK EXTENSION REQUEST FORM FOR SCHOOL OF
MEDICINE REGULAR RANK FACULTY MEMBERS**

Faculty Member's Name:	
Rank:	
Department:	

I request tenure clock extension for a total of		months.
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Reason for requesting Tenure Clock Extension (select one):

	Parental Leave	
	Medical Leave	
	Other life event (e.g. adultcare, please specify):	

COVID-19 special extension (in addition to 12 month blanket extension provided by the Dean) because of extended negative impact on research. Potential reasons:

	<ul style="list-style-type: none"> Loss of key research personnel or collaborators (e.g., resignation, reassignment, furlough, illness, family care responsibilities) Loss or suspension of key research infrastructure (e.g., loss of animal colony, inaccessible study site, inability to obtain supplies or equipment) Reduction in capacity of investigator (e.g., substantial increase in work responsibilities or workload, illness, family care responsibilities) Changes to research environment that negatively impact or otherwise preclude research (e.g., education scholarship conducted in the context of in-person classes or requiring direct contact) Changes to research facilities that preclude conduct of research at previous levels (e.g., 50% reduction of laboratory personnel because of need for physical distancing in lab) Sponsor changes to grant funding and programs (e.g., delays in receipt of grant funding, withdrawal of funding opportunities) New government, Duke University, or sponsor regulations or policies related to COVID-19 that substantively affect research plans or conduct (e.g., unanticipated adjustments or limitations placed on research execution)
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	Please describe the justification for your request:	
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Tenure Clock Extension information can be found in Chapter 4 of the Faculty Handbook on page 4-15.
https://provost.duke.edu/wp-content/uploads/FHB_Chap_4.pdf

Please sign below and after Chair endorsement, submit to the APT office, Annette.Whitesell@duke.edu, for Dean and Provost approvals.

Faculty Member's Signature:	Date:
Chair's Signature:	Date:
Dean's Signature:	Date:
Provost's Signature:	Date:

To be completed by SOM APT office - Current Appointment Information
Latest Tenure Notification Date (LTND)

Appointment Begin Date:		Current LTND:		New LTND after adjustment:	
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