

UNDERSTANDING ON TENURE STATUS
Associated with Leave of Absence for Non-Tenured Faculty

Name of faculty member requesting leave: _____

Institution where services will be performed: _____

Description of service to be performed: _____

Period of Leave: _____

Type of Leave: _____
(Departmental, Without Pay, Partial, Sick, Paid Family)

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	_____ Dept. Chairperson (Signature)	_____ Date
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Dean's Endorsements

On approval by the Vice Provost 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 of School (Signature)	_____ Date
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_____ Dean of Faculties and Vice Provost for Academic Affairs (Signature)	_____ Date
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