



TENURE CLOCK STOPPAGE APPLICATION FORM FOR ELIGIBLE CAREGIVERS

DATE: \_\_\_\_\_

APPROVALS:

Department Chairperson: \_\_\_\_\_

Dean: \_\_\_\_\_

Provost's Office: \_\_\_\_\_

APPLICANT INFORMATION:

Name:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

School: \_\_\_\_\_

CAREGIVING INFORMATION:

Name of person for whom you will be caregiver: \_\_\_\_\_

Relationship: \_\_\_\_\_ (If this person is a child, please provide date of birth: \_\_\_\_\_)

Brief description of the care you will be providing:

\_\_\_\_\_  
\_\_\_\_\_

PERIOD OF TENURE CLOCK STOPPAGE (choose one)

\_\_\_\_\_ One semester From (start date) \_\_\_\_\_ To (end date) \_\_\_\_\_

\_\_\_\_\_ Two semesters From (start date) \_\_\_\_\_ To (end date) \_\_\_\_\_

NYU POLICY AND DEFINITIONS:

- Eligibility: Must be a Tenure-Track Faculty member who is the exclusive caregiver for at least 20 hours during the workweek, during the hours of 8 a.m. to 6 p.m., Monday through Friday for a child/parent/spouse/registered domestic partner for the semester(s) for which the tenure clock interruption is being requested.
- Tenure clock stoppage policy for eligible parental caregivers: Tenure clock stoppage will be granted



automatically to eligible parents caring a newborn child, newly adopted child, new foster care or guardianship placement, or newly-established legal custodial care, for up to two separate events, each for a maximum of one academic year or two consecutive academic semesters, upon notification to the Chair of the Department or, in the case of Schools without departmental organization, the Dean.

- **Deadlines:** Tenure clock stoppage requests should be submitted and, when feasible, approvals should be in place no later than the onset of the semester preceding the period of stoppage.
- **Tenure Review:** Granting tenure clock stoppage does not influence the granting of tenure in the future.

I certify that the information I have provided above is true and correct and that any false or misleading information will result in the denial of leave and any further action deemed necessary.

**ELIGIBLE CAREGIVER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Completed applications showing the approval of the department chair (if applicable) and the dean should be transmitted to the University [Office of Academic Appointments](#). Questions about the policy or the application process can be addressed to [Peter Gonzalez](#), Associate Provost for Academic Appointments.