

**TENURE CLOCK STOPPAGE APPLICATION****DATE:** \_\_\_\_\_**APPROVALS:**

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

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

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

**APPLICANT INFORMATION:****Name:**

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

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

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

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

**BASIS OF REQUEST:**

Brief description of the reason for this request:

\_\_\_\_\_

**PERIOD OF TENURE CLOCK STOPPAGE**One year tenure clock stoppage: From *(start date)* \_\_\_\_\_ To *(end date)* \_\_\_\_\_Dates of leave from work: From *(start date)* \_\_\_\_\_ To *(end date)* \_\_\_\_\_

I certify that the information provided above is true and accurate. I understand that providing false or misleading information may result in the denial of leave and/or disciplinary action in accordance with NYU Langone Health policies.

**ELIGIBLE FACULTY SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Completed applications showing the approval of the department chair (if applicable) and the dean should be transmitted to the NYU Grossman School of Medicine Faculty Records Office. Questions about the policy or the application process can be addressed to the Faculty Records Office.