

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

Faculty Member's Name:	DUID:
Rank:	
Department:	

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

<input type="checkbox"/>	Parental Leave	
<input type="checkbox"/>	Medical Leave	
<input type="checkbox"/>	Other life event (e.g. adultcare, please specify):	
<input type="checkbox"/>	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) 	
	Please describe the justification for your request:	

Tenure Clock Extension information can be found in Chapter 4 of the Faculty Handbook.
[Professional Affairs of the Faculty](#)

Please sign below and after Chair endorsement, submit to the SOM APT office, SOMAPT@duke.edu, for Dean approval.

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