



State University of New York at Fredonia

Request to Pause the Permanent Appointment Clock

Pausing the permanent appointment clock may be requested either in conjunction with or separate from a request for a leave or an adjustment of professional obligation. This form is solely for the purpose of requesting a stop to the permanent appointment clock for a fixed period of time; requests for Title F leaves or adjustments of professional obligation are handled in separate processes. If the request is approved, the professional employee will not be reviewed during the stoppage. During the time that the clock is paused, the professional employee is appointed to a title preceded by the designation "special."

Before completing this application, professional employees should read carefully SUNY Fredonia's *Handbook on Appointment, Reappointment, and Promotion* for information about the process of pausing the permanent appointment clock.



| | |
|-------------|---------------------------------|
| Full Name: | [Type FIRST and LAST name here] |
| Department: | [Type DEPARTMENT here] |
| Title: | [Type TITLE here] |
| | |

DATES AND DURATION

| | |
|--|------------------|
| Start Date of Professional Appointment (full-time, term) at SUNY Fredonia: | [Type date here] |
| Start Date of Requested Pause of Permanent Appointment Clock: | [Type date here] |
| End Date of Requested Pause of Permanent Appointment Clock | [Type date here] |

PURPOSE

Indicate the purpose(s) for which a pause to the permanent appointment clock is being requested:

- Physical or mental illness or other physical condition
- Pregnancy, adoption, or foster child placement
- Substantial caregiver responsibility
- Military service or obligations for self or partner
- Legal concerns
- Pursuit of an advance degree
- Other

Provide here a brief description (up to 250 words) of the reason for the requested pause of the permanent appointment clock. Attach any supporting documentation.

Type description of reason for request here.

ACKNOWLEDGMENT

It is understood, in requesting that the permanent appointment clock be paused, that

- 1) I am progressing toward review for permanent appointment but would like to pause the permanent appointment clock so that I can attend to the personal situation described above.
- 2) If this request is approved, the designation "Special" will be added to my title for the time that the permanent appointment clock is paused. My salary and benefits will remain the same, and I will continue to be in the United University Professions (UUP).
- 3) Accomplishments during the time that the permanent appointment clock is paused (performance program objectives achieved, service provided, etc.) will be part of the record I bring forward in review for permanent appointment.
- 4) Any change in this request (following its approval) must be submitted in writing to my supervisor and approved at all levels up to and including the President.
- 5) The permanent appointment clock will be restarted at the date on this signed request. If my circumstances at that time prevent me from returning to the permanent appointment clock, I would need to complete a new request and have approval for the dates of the extension.

[Type signature(s) here or delete to allow for written signature(s)]

[Type date here]

Employee Signature

Date

Supervisor Recommendation (if applicable)

- I support this request for a pause of the permanent appointment clock for the time period requested.
- I support this request for a pause of the permanent appointment clock, but with the exceptions/changed noted in the comments below.
- I do not support this request for a pause of the permanent appointment clock.

Additional Comments from the Supervisor:

Type Supervisor's Comments here

[Type signature here or delete to allow for a written signature]

[Type date here]

Supervisor Signature

Date

Director Recommendation (if applicable)

- I support this request for a pause of the permanent appointment clock for the time period requested.
- I support this request for a pause of the permanent appointment clock, but with the exceptions/changed noted in the comments below.
- I do not support this request for a pause of the permanent appointment clock.

Additional Comments from the Director:

Type Director's Comments here

[Type signature here or delete to allow for a written signature]

[Type date here]

Director Signature

Date

Associate Vice President Recommendation (if applicable)

- I support this request for a pause of the permanent appointment clock for the proposed activities and in the time period requested.
- I support this request for a pause of the permanent appointment clock, but with the exceptions/changed noted in the comments below.
- I do not support this request for a pause of the permanent appointment clock.

Additional Comments from the Associate Vice President:

Type Associate Vice President's Comments here

[Type signature here or delete to allow for a written signature]

[Type date here]

Associate Vice President Signature

Date

Vice President Recommendation

- I support this request for a pause of the permanent appointment clock for the proposed activities and in the time period requested.
- I support this request for a pause of the permanent appointment clock, but with the exceptions/changed noted in the comments below.
- I do not support this request for a pause of the permanent appointment clock.

Additional Comments from the Vice President:

Type Vice President's Comments here

| | |
|---|-------------------------|
| [Type signature here or delete to allow for a written signature] | [Type date here] |
|---|-------------------------|

Vice President Signature

Date

President Decision

- I approve this request for a pause of the permanent appointment clock for the proposed activities and in the time period requested.
- I approve this request for a pause of the permanent appointment clock, but with the exceptions/changed noted in the comments below.
- I do not approve this request for a pause of the permanent appointment clock.

Additional Comments from the President:

Type President's Comments here

| | |
|---|-------------------------|
| [Type signature here or delete to allow for a written signature] | [Type date here] |
|---|-------------------------|

President Signature

Date

This entire completed document is to be forwarded to the President, with copies sent to the employee, all signatories and the Director of Human Resources.