

REQUEST TO STOP THE CLOCK TOWARD CONTINUING OR PERMANENT APPOINTMENT

**Instructions:** In order to effectuate a stoppage in service credit toward continuing (“tenure”) or permanent appointment, this form must be completed and submitted to Human Resources & Payroll Services In Doty Hall 318. The form should be completed and submitted prior to the commencement of the clock stoppage. Human Resources will acknowledge receipt of the request, determine a new continuing/permanent appointment eligibility date and notify the employee/supervisor/department.
**NOTE: This does NOT constitute a request for leave.**

**EMPLOYEE INFORMATION:**

|  |  |
| --- | --- |
| Name:       | Title:       |
| Department:       | Supervisor:       |

Please be advised that I am exercising my right to stop the clock for service credit toward continuing or permanent appointment due to the birth/adoption/foster care placement of my child.

**ACADEMIC EMPLOYEES:**

[ ]  I am an academic employee, with an academic year obligation. I am requesting:

 [ ]  1 semester service credit clock stoppage commencing with the  of       beginning on      .
 (year) (date)

 [ ]  2 semesters service credit clock stoppage commencing with the of       beginning on      .
 (year) (date)

Applicable Board of Trustees Policies Article XI, Title B, §3(d)(3):

(3) A temporary cessation of service credit toward continuing appointment shall be provided, at the employee’s request, commencing with the birth/adoption/foster care placement of a child. Such written request by an academic employee with an academic year obligation shall be approved for the time requested, 1 semester or 2 semesters.

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Employee Date

**PROFESSIONAL EMPLOYEES:**

[ ]  I am a professional employee. The duration of my clock stoppage will begin on       and anticipate an end date of      .
 (effective date) (end date)

Applicable Board of Trustees Policies Article XI, Title C, §4(c)(3):

(3) A temporary cessation of service credit toward permanent appointment shall be provided, at the employee’s request, commencing with the birth/adoption/foster care placement of a child. Such written request by a professional employee shall be approved for the time requested up to the duration of their approved family leave.

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Employee Date

**Acknowledgment:**

This form has been received by the College and Human Resources. A modified continuing/permanent appointment date will be calculated, and the employee/department/supervisor will be notified.
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 CLA Date
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 HR Date
**HUMAN RESOURCES ONLY:**

|  |  |
| --- | --- |
| Current Projected Date of Permanent/Continuing Appt:       | New Projected Date of Permanent/Continuing Appt:       |
| SUNYHR:       Date:       | Letter Sent to Employee (copy attached): [ ]  |