

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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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): |