

**ILLINOIS STATE UNIVERSITY
Tenure Year Designation**

PERS 919 11/18

Name: _____ Dept/School: _____ Rank: _____

Please mark A or B below to indicate a designation of tenure year at time of hire or to request additional years in probationary period.

See Appointment Salary Promotion and Tenure Policies ASPT Policy Book (effective January 2017, p. 27) or <http://provost.illinoisstate.edu/downloads/aspt/ASPT2017WebVersion.pdf>

A. Initial Tenure Year Designation -- Made at time of hire; this period should reflect full time equivalent tenure/tenure-track experience, if applicable, from other institutions of higher learning.

Possible tenure year dates for FY20 hiring:

Check One	Experience	Tenure materials due	Tenure Year/First year with Tenure
<input type="checkbox"/>	No experience	November 1, 2024	2025-2026 (FY26)
<input type="checkbox"/>	1 year credit	November 1, 2023	2024-2025 (FY25)
<input type="checkbox"/>	2 years credit	November 1, 2022	2023-2024 (FY24)
<input type="checkbox"/>	3 years credit	November 1, 2021	2022-2023 (FY23)

Previous **full-time** tenure or tenure-track experience being credited (Maximum 3 years):

Institution	Dates of employment	Rank

B. Request Additional Years in Probationary Period -- Applies in two cases:

An agreement was made at hire to award credit for experience from another institution. A faculty member whose initial probationary period (determined at hire) has been reduced by years of experience from other institutions may request that any/all of those years be added back to the reduced probationary period.

A faculty member is requesting a one-year stop-the clock extension of the probationary period: See ASPT Policy Booklet, Effective January 2017, IX.B.3, p. 28-29.

Requested Tenure Year _____ - _____
(Tenure materials due November 1 of preceding academic year)

Requests for additional years in probationary period must be made to the Department Chairperson/School Director prior to November 1 of the year tenure materials are originally due, and accompanied by a letter from the Department Chairperson/School Director stating support of this request.

Faculty Member Signature

Date

Department Chairperson/School Director Signature

Date

College Dean Signature

Date

Provost Signature (if selected B)

Date

Send original form and hiring paperwork to Campus Box 1300, Human Resources