

STOP THE CLOCK CERTIFICATION FORM

University of California, Riverside

To be used for: *Stop the Clock for Serious Health Condition (including disability or Bereavement) or Significant Circumstance or Event*
For Stop the Clock due to Childbearing/Childrearing, please use [Family Accommodations Reporting/Certification Form](#)

To: Vice Provost for Academic Personnel/Dean (Refer to [Delegation of Authority](#) for approval authority.)

Request Date: _____

1. Academic Appointee Information:

Name: _____ Dept(s)/Unit(s): _____

Title _____ College(s)/School(s): _____

2. Leave of Absence Approval or Reasonable Accommodation Plan

If applicable attach a copy of the approved Leave of Absence Request or Reasonable Accommodation Plan. Copy is attached.

3. Certification

Stop the Clock (STC) for Serious Health Condition (including Disability or Bereavement) ([APM 133-17-h\(2\)](#))

I request a one-year extension of the probationary period due to (choose one):* *a serious health condition* *disability* *to care for a family member who is seriously ill* *the death of a close family member. I will expect to receive from the Academic Personnel Office a new schedule of my review dates.*

Appointee's Initials: _____ Date: _____

I certify that I provided supporting documentation as required by campus procedures (check all that apply and attach to this request):

Signed Medical Certificate (for serious health condition/disability only) *Declaration of Relationship*

Appointee's Initials: _____ Date: _____

Stop the Clock (STC) for Significant Circumstance or Event ([APM 133-17-h\(3\)](#))

I request a one-year extension of the probationary period due to a significant circumstance or event. I will expect to receive from the Academic Personnel Office a new schedule of my review dates.*

Appointee's Initials: _____ Date: _____

I certify that I provided supporting documentation as required by campus procedures (attach to this request). Appointee's Initials: _____ Date: _____

4. 5th Year Appraisal (optional) I request a deferral of the 5th year appraisal by one year to correspond with the stopping of the clock in accordance with campus policies. Appointee's Initials: _____ Date: _____

*While this request will defer a tenure review by one year but it will not delay the timing of a merit or reappointment review.

ACADEMIC APPOINTEE	SIGNATURE	DATE
DEPARTMENT CHAIR (OR DESIGNEE)	SIGNATURE	DATE
DEAN (OR DESIGNEE)	SIGNATURE	DATE
VICE PROVOST FOR ACADEMIC PERSONNEL (VPAP)	SIGNATURE	DATE