

**ILLINOIS STATE UNIVERSITY**  
**Tenure Year Designation**

PERS 919 8/22

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 1 2023, p. 26) or <https://provost.illinoisstate.edu/downloads/2023%20ISU%20ASPT.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 FY 23 hiring:

Check One	Experience	Tenure materials due	Tenure Year/First year with Tenure
<input type="checkbox"/>	No experience	November 1, 2028	2029-2030 (FY30)
<input type="checkbox"/>	1 year credit	November 1, 2027	2028-2029 (FY29)
<input type="checkbox"/>	2 years credit	November 1, 2026	2027-2028 (FY28)
<input type="checkbox"/>	3 years credit	November 1, 2025	2026-2027 (FY27)

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 1, 2023, IX.B.3, p. 28.

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