

## SPECIAL COVID-19 “STOP THE CLOCK” CERTIFICATION FORM

To request “Stop the Clock” and extend the maximum service limit (eight-year rule) per [APM 133](#), please fill out the fields below and submit this form to your department chair or school dean. Per policy, this form needs to be submitted within **two years, but no later than June 30<sup>th</sup> of the year in which your final appraisal (tenure review) is due** (so, *e.g.*, if your review is to be conducted in academic year 2021–22, you need to submit this request no later than June 30, 2021).

### I. ACADEMIC APPOINTEE INFORMATION

Name: \_\_\_\_\_ Your Title: \_\_\_\_\_

Department: \_\_\_\_\_ School/College: \_\_\_\_\_

### II. CERTIFICATION

Please check one of the two boxes and sign where indicated:

☐ I request a **one-semester** extension of my probationary period (clock stoppage) because of a **Significant Circumstance or Event** ([APM 133-17h\(3\)](#)). I certify that the COVID-19 pandemic has disrupted my ability to perform my teaching, research, and/or service obligations adequately in ☐ spring 2020, ☐ fall 2020, ☐ spring 2021, ☐ fall 2021, or ☐ spring 2022 (**check one box only**).

OR

☐ I request a **one-year** extension of my probationary period (clock stoppage) because of a **Significant Circumstance or Event** ([APM 133-17h\(3\)](#)). I certify that the COVID-19 pandemic has disrupted my ability to perform my teaching, research, and/or service obligations adequately in ☐ spring 2020, ☐ fall 2020, ☐ spring 2021, ☐ fall 2021 and/or ☐ spring 2022 (**check two boxes**) for one or more of the following reasons:

- ☐ Delays or disruptions to resuming research in my laboratory or research group.
- ☐ Restrictions on or difficulties accessing necessary facilities, such as archives, field sites, etc.
- ☐ Restrictions on or difficulties traveling for research purposes or to present my research.
- ☐ The loss of childcare or other changes in family/personal obligations.
- ☐ Other: \_\_\_\_\_

In doing so, I understand that (1) my combined exclusions/extensions for this event may not exceed one academic year and (2) my total time off the clock may not exceed two years during my probationary period unless permission to exceed two years is granted by the UC Office of the President.

\_\_\_\_\_  
Academic Appointee

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*For other types of “stop the clock” requests, including those related to illness, childbearing, or bereavement, please refer to APM 133-17h and APM 760-30. For those seeking an extension beyond two years, please check the Academic Personnel Website (<https://apo.berkeley.edu/quick-links/covid-19-and-ap-issues>).*

**Instructions for department chairs/deans:** Please review and sign where indicated. Chairs should forward this form to their dean's office. Deans should forward to the Academic Personnel Office. In the unlikely event that you do not believe approval is warranted, please provide a letter stating why and forward it, along with this form, to the next level.

### III. APPROVALS

Department Chair	Signature	Date
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Dean	Signature	Date
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Vice Provost for the Faculty	Signature	Date
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Academic Personnel	Date Received	Notification Date
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**For APO use only:**

Mid-career appraisal is due no later than \_\_\_\_\_ with an effective date of \_\_\_\_\_

Final appraisal (tenure review) is due no later than \_\_\_\_\_ with an effective date of \_\_\_\_\_