

[Institution Letterhead]

[Institution Name]

[Address]

[City, State, ZIP Code]

[Email Address] | [Phone Number]

[Date]

Subject: Confirmation of Tenure-Clock Extension for Dr. [Applicant Full Name]

To Whom It May Concern,

This letter confirms that [Institution Name] has approved the tenure-clock extension based on approved leave of absence pursuant to applicable law and/or institution policy for Dr. [Applicant Full Name].

Duration of Extension: [Start Date] to [End Date] (Totaling [Number] Months)

This decision has been reviewed and authorized by institutional leadership in accordance with our policies.

If you need any additional documentation or have questions, please feel free to contact us.

Sincerely,

[Signature]

[Full Name]

[Position Title]

[Institution Name]

[Web link to signatories' website, stating their position]