

## Extension of the Tenure Probationary Period Due to Family Medical Event

A faculty member who is on tenure track or who is not tenured may request the probationary period be suspended for one year when that faculty member can document that he/she will lose time due to an experience that would be covered by family medical leave. To request permission to extend the probationary period, the faculty member shall complete the following form, write the Chief Academic Officer, and provide supporting documentation of the experience. Letters, indicating support or lack of support for the extension, from the unit head and Dean must accompany the request. This written request must occur prior to the end of the twelve-month period during which the experience occurred. In keeping with the requirements that an untenured assistant professor must be reviewed for promotion and tenure during the sixth year of the probationary period, a request for an extension of that period must be made prior to the beginning of the mandatory review. The Chief Academic Officer shall review such request and notify the faculty member whether or not the probationary period is extended. (See – Regents Policy Manual Sections: Section 803.09 (D) Tenure and Section 803.09 (F-G) Tenure, effective April 19, 2000).

| Extension Requested for AY:                               |                       |   |
|---|-----------------------|---|
|   |                       |   |
| Last Name, First Name:                                    | Employee ID:          |   |
|   |                       |   |
| Hire Date:  | Contract Type: A F    |   |
| Job Title:  |                       |   |
| 355 Title.  |                       |   |
| College:  |                       |   |
|   |                       |   |
| School/Department:  |                       |   |
| Date and Description of Family Medical Event:             |                       |   |
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|   |                       |   |
|   | _                     |   |
| Activating Event: Leave of Absence Active Service-Modifie | ed Duties P/T Service | е |
|   |                       |   |
| Signature of Faculty Requesting Extension:                |                       |   |
| Approved By   |                       |   |
|   |                       |   |
| Department Head:  | Date:                 |   |
|   |                       |   |
| Dean:   | Date:                 |   |
|   |                       |   |
| Provost:  | Date:                 |   |

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