

**OFFICE OF ACADEMIC AFFAIRS**

**REQUEST FOR EXTENSION OF PROBATIONARY PERIOD**

*Except in extenuating circumstances, the “Request for Extension” form must be submitted no later than 90 days prior to the deadline for submission of the full RTP package to the departmental RTP Committee/Chair.*

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CWID**

**College\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School/Department**

**Dates of your initial probationary period**

**Details of any previously approved changes in your probationary period**

**Date of revised penultimate year**

*Please check the appropriate box below and attach documentation of the relevant events or circumstances, including a statement outlining the reasons for your request. Faculty wanting to appeal a denial of extension should follow the normal Grievance procedures.*

□ Military Deployment (Military Leave)

□ Family and Medical Leave (FMLA)

□ Other Extraordinary Life Circumstances

In addition to the attached documentation, include a statement outlining the reason (s) for your request

**SIGNATURES**

*Please attach additional comments/documentation as necessary. In the case of denial, the Unit Head and Dean must include a written justification.*

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Faculty Member Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Approve □ Deny

Unit Head (Dept/School) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Approve □ Deny

Dean Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Approve □ Deny

Associate Provost for Faculty Affairs Date

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Provost and Senior Vice President for Academic Affairs Date