

# Extension of Maximum Period of Probationary Service for Tenure-Track Faculty

**Routing: Faculty member must complete, sign, and submit form to OVPFAA ([vpfaa@umn.edu](mailto:vpfaa@umn.edu)) Forms may be signed digitally using [these instructions](#). Refer to [this FAQ](#) for additional information.**

Name of Probationary Faculty Member		Employee ID
Department/Unit		
College/Campus	UMN E-mail	Probationary Start Date

**1) REQUEST TO EXTEND THE MAXIMUM PERIOD OF PROBATIONARY FACULTY SERVICE FOR THE REASON SPECIFIED BELOW.**

- Extend my appointment by one year due to new parent responsibilities [refer to Board of Regents Policy: Faculty Tenure, Section 5.5 (a)] -- Date of birth/adoption/foster placement: \_\_\_\_\_ (no documentation required)**
- Extend my appointment by one year due to caregiver responsibilities [refer to Board of Regents Policy: Faculty Tenure, Section 5.5 (b)]**
- Extend my appointment by one year due to personal medical illness/injury [refer to Board of Regents Policy: Faculty Tenure, Section 5.5 (c)]**
- Reduce the percentage of my appointment to less than 67% as allowed [refer to Board of Regents Policy: Faculty Tenure, Section 5.3 Definition of Academic Year and Section 3.6 Special Contracts]\***
- Other**

The request for extension of maximum probationary period must be made in writing within one year of the event giving rise to the claim and no later than June 30 preceding the year a final decision would otherwise be made on an appointment with indefinite tenure for that faculty member in accordance with the Board of Regents Policy: *Faculty Tenure*, Section 5.5.

**EXPLANATION**

- Required documentation for the above request is attached.**  
All extensions require a statement describing the reason for the request unless stated otherwise.  
\*Reduction of appointment requires an MOU detailing the terms of the reduced appointment.

**2) PREVIOUS EXTENSION OF MAXIMUM PERIOD OF PROBATIONARY SERVICE**  No  Yes

**IF YES, STATE ACADEMIC YEAR AND REASON (e.g. 2022-2023 for personal medical illness)**

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Probationary Faculty Member	Date
Department Head/Chair [signature required only for Reduction of Appointment and Other]	Date
Dean/Chancellor [signature required only for Reduction of Appointment]	Date
Executive Vice President and Provost	Date

**For office use only**

Mandatory decision year regarding indefinite tenure has changed from \_\_\_\_\_ to \_\_\_\_\_.  
Probationary year to which this extension applies: \_\_\_\_\_