

Route this form to: See Routing Instructions Below	U Wide Form UM 1765 Rev: April 2020
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Extension of Maximum Period of Probationary Service for Tenure-Track Faculty - Caregiver or Personal Medical Illness/Injury or Other

Routing: Faculty member must complete, sign and submit form to Jaclyn Adair, berg1282@umn.edu

Name of Probationary Faculty Member		Empl ID
Rank	Probationary Start Date	Job Code
Department		Appointment Term (select one) 9 months 12 months
College/Campus	UMN E-mail	Appointment Type Tenure-Track

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

- 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)]**
- Other**

Please note that notification of extension of maximum probationary period due to new parent responsibilities must use form UM 1764. Requests for reduction of appointment to less than 67% must use form UM 1766. Forms are available at: <http://policy.umn.edu/forms/>

The request for extension of maximum probationary period for caregiver responsibilities, personal medical illness/injury, or other reasons 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.

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

IF YES, STATE ACADEMIC YEAR AND REASON(S)

Signature – Probationary Faculty Member	Date
Approved – Executive Vice President and Provost	Date

For office use only
Mandatory decision year regarding indefinite tenure has changed from _____ to _____.