



Request to Extend the Probationary Period

Pursuant to Articles 13.7 and 13.8 of the Collective Bargaining Agreement (CBA)

Name _____ Department _____ Current Probationary Year _____

Indicate Leave Period: Academic Year _____ Fall _____ Spring _____

Indicate Academic Year Extension will be applied to: _____

Leave without pay of one or more years:

(Request no later than the first day of the leave of absence listed below, or any extension of the leave):

Please check one:

- One (1) year extension of the probationary period when I have been on a leave of absence for pregnancy/birth or adoption for one (1) year.
- An extension of the probationary period for the duration of the leave when I have been on a personal leave of absence without pay pursuant to CBA provision 22.8 for one (1) or more full academic years.
- One (1) year extension of the probationary period when I have been on a professional leave of absence without pay for up to two (2) academic years.

Leave of less than one year:

(Request no later than thirty (30) days prior to the beginning of the academic term in which you are scheduled to return to work):

Please check one:

- Paid sick leave
- Workers' Compensation/Industrial Disability Leave
- Personal leave of absence without pay pursuant to CBA provision 22.8
- Nonindustrial Disability Leave (NDI)
- Leave of absence for pregnancy/birth or adoption
- Professional leave of absence without pay pursuant to CBA provision 22.24

Additional information about purpose of extension of probationary year (attach additional page if necessary or preferred):

Faculty Signature

Date

For any leave, you should communicate with Human Resources, Benefits Division.

_____ Chair Signature	_____ Date	<input type="checkbox"/> Recommend	<input type="checkbox"/> Do Not Recommend
_____ Dean Signature	_____ Date	<input type="checkbox"/> Recommend	<input type="checkbox"/> Do Not Recommend
_____ Dean of Faculty Affairs & Professional Development Signature	_____ Date	<input type="checkbox"/> Recommend	<input type="checkbox"/> Do Not Recommend
_____ Provost and Vice President for Academic Affairs Signature	_____ Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved