

PROBATIONARY AND TENURED FACULTY REQUEST FOR POSTPONEMENT OF PERFORMANCE REVIEW OR PERIODIC EVALUATION

Name: _____
Last Name First Name M.I.

Red ID: _____ Rank: _____

College: _____ Department: _____

I am requesting to be considered for an extension of my probationary period/"stopping the clock"

OR

I am requesting a postponement of my periodic evaluation for _____
(e.g., AY 20XX/20XX)

Reason for Request:

Global Impact (i.e., COVID-19, etc.)

Building Closure

Medical Accommodation/FMLA (approved by Office of Employee Relations and Compliance and/or Human Resources; attach letter)

Personal Reason: _____

Professional Reason: _____

_____ I understand I will be required to undergo a periodic evaluation during the regular cycle of the next
(initial here) academic year.

_____ I understand that this document will be placed in my Personnel Action File five (5) days
(initial here) after it is received by the Office of Faculty Advancement and Student Success.

Applicant Signature _____ **Date** _____

APPROVAL SIGNATURES

Chair/Director _____ **Date** _____
[Forward to Dean's Office]

Dean _____ **Date** _____
[Forward to AVP for Faculty Advancement and Student Success (facultyadvancement@sdsu.edu)]