REQUEST FOR EXTENSION OF PROBATIONARY PERIOD

DEADLINE EXTENDED TO SEPTEMBER 25, 2020: Probationary faculty members who believe that impacts associated with the coronavirus (COVID-19) have substantially disrupted their research, scholarship, or creative activity may request an extension of their probationary period as per notice from Provost S. Hector Ochoa on March 14, 2020.

Section A: APPLICANT INFORMATION

Name of Applicant: ____________________________________________________________

Last Name __________________ First Name __________________ M.I. __________

Rank or Title: ___________________________________________________________________

College: __________________________ Department: ______________

 Initial here

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

 Initial here

I understand that this extension of the probationary period shall not count towards sabbatical eligibility.

 Initial here

I understand that this extension of the probationary period shall not prevent me from “going up for tenure”/submitting materials for performance review for tenure and promotion before the expiration of my probationary period.

 Initial here

I understand I will be required to undergo a periodic evaluation during the year of my extension.

 Initial here

For faculty in years one (1) and two (2), I understand that this extension of the probationary period will also entail a delay of one (1) year for my third year review.

 Initial here

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

Section B: JUSTIFICATION

During spring 2020, I experienced the following COVID-19 related impacts (check all that apply):

☐ Additional workload due to the transition to remote learning in the following Spring 2020 courses:

<table>
<thead>
<tr>
<th>Course number</th>
<th>Course name</th>
<th>Enrollment</th>
<th>Original modality</th>
</tr>
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☐ Substantially disrupted access to research subjects, collaborators, conferences, field work, laboratory or clinical settings, or other professional growth opportunities, such as residencies or fellowships due to recommended social distancing, quarantine, or event cancellation.

Describe in the space below:

_______________________________________________________________________________

_______________________________________________________________________________

☐ Office of Employee Relations and Compliance-approved medical accommodations

☐ Family and Medical Leave Act-related, CSU-provided COVID-19 administrative leave, or individual sick leave due to COVID-19.

Section C: APPROVAL SIGNATURES

Applicant ______________________________________________ Date __________

[Forward to Dean’s Office no later than September 25, 2020]

Dean ______________________________________________ Date __________

[Forward to AVP for Faculty Advancement]

Provost or designee __________________________________________ Date __________

Section D: FOR FACULTY ADVANCEMENT INTERNAL USE ONLY

☐ Acknowledgment (date)

☐ Response (date)

☐ Entered into Master Evaluation Schedule and FIN / PS (date)

☐ Form and response added to PAF (date)