Request for Extension of Tenure Probationary Period

To be forwarded to Provost for approval.

Faculty Name: ___________________________________ Employee ID #: _____________________
Title: __________________________________________

Department: ____________________________________ College: __________________________
Name of Chair: ___________________________ Dean: ____________________________

Current End of Probationary Period (Month/Year): ____________________
(Check with Academic Personnel, HR for official date)

Inclusive Dates of Extension (Month/Year): ______________________________

Proposed New End of Probationary Period (Month/Year): ____________________

Any University assignment (teaching, research, service, extension) that may occur during the inclusive period of the extension will____ will not____ be included in consideration for tenure.

Reason (Check One. For additional information on requirements for parental leave, sick or family leave, or “extraordinary circumstances,” see UF Regulation 7.019 or the most recent Collective Bargaining Agreement.):

// // Parental Leave
// // Sick Leave (self or family)
// // Extraordinary Circumstances

Rationale: Please provide explanation on separate sheet. (Note that additional documentation may be requested in some circumstances.)

Requested:
Faculty ___________________________________ _____________________
Signed Date

Chair ___________________________________ _____________________
Signed Date

Dean ___________________________________ _____________________
Signed Date

Provost ___________________________________ _____________________
Approved/Not Approved Date