



Request to Extend the Probationary Period

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

Name \_\_\_\_\_ Department \_\_\_\_\_ Probationary Year \_\_\_\_\_

Check one:  Academic Year \_\_\_\_\_  Fall ( \_\_\_\_\_ )  Spring ( \_\_\_\_\_ )  Other, from \_\_\_\_\_ to \_\_\_\_\_
year(s) year year date date

IT IS IMPERATIVE THAT YOU BE IN COMMUNICATION WITH THE DEPARTMENT OF HUMAN RESOURCES BENEFITS DIVISION IF YOU ARE REQUESTING TO EXTEND YOUR PROBATIONARY PERIOD.

If request is being made for a leave without pay of one or more years:

I am requesting an extension of my probationary period for the following duration and reasons (Request no later than the first day of the leave of absence listed below, or any extension of the leave):

Please check one:

- A 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.
 A 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.

If request is being made for a leave of less than one year:

I am requesting an extension of my probationary period for one (1) academic year for the following absences of less than one (1) academic 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  Nonindustrial Disability Leave
 Workers' Compensation/Industrial Disability Leave  Leave of absence for pregnancy/birth or adoption
 Personal leave of absence without pay pursuant to CBA provision 22.8  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 \_\_\_\_\_

Chair Signature \_\_\_\_\_

Date \_\_\_\_\_

Comments:

Dean Signature \_\_\_\_\_

Date \_\_\_\_\_

Comments:

Dean of Faculty Affairs & Professional Development Signature \_\_\_\_\_

Date \_\_\_\_\_

Comments:

Provost and Vice President for Academic Affairs Signature \_\_\_\_\_

Date \_\_\_\_\_

Approved  Not Approved