

Route this form to: See Routing Instructions Below	U Wide Form UM 1766 Rev: July 2016
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Extension of Maximum Period of Probationary Service for Tenure-Track Faculty - Reduction of Appointment to Less Than 67%

1. Faculty member must complete, sign and submit form to department head/chair for signature approval.
 2. Route for further signature to the dean or chancellor as appropriate.
 3. Provide signed copy to Jaclyn Adair, Office of the Vice Provost for Faculty and Academic Affairs, 110 Morrill Hall (0261B), 100 Church Street SE, Minneapolis, MN 55455, for final signature.
- This form applies to Twin Cities, Morris, Crookston, Rochester, Duluth Medical School and Duluth College of Pharmacy only.**

Name of Probationary Faculty Member		Empl ID
Rank	Probationary Start Date	Job Code
Department		Appointment Term (select one) 9 months 12 months
College/Campus	UMN E-mail	Appointment Type Tenure-Track

1) EXTEND THE MAXIMUM PERIOD OF PROBATIONARY FACULTY SERVICE

Reduce the percentage of my appointment to less than 67% as allowed [refer to Board of Regents Policy: *Faculty Tenure*, Section 5.3 Definition of Academic Year and Section 3.6 Special Contracts].

Please note that requests for extension of maximum probationary period for caregiver responsibilities, personal medical illness/injury, or other reasons must use form UM 1765. Notification of new parent responsibilities must use UM 1764. Forms available at <http://policy.umn.edu/forms/>

The request for extension of maximum probationary period for reduction of appointment to less than 67% must be made in writing within one year of the event giving rise to the claim and no later than June 30 preceding the year a final decision would otherwise be made on an appointment with indefinite tenure for that faculty member in accordance with the Board of Regents Policy: *Faculty Tenure*, Section 5.5.

Required memorandum of understanding detailing the terms of the reduced appointment is attached.

2) PREVIOUS EXTENSION OF MAXIMUM PERIOD OF PROBATIONARY SERVICE No Yes

IF YES, STATE ACADEMIC YEAR AND REASON(S)

Signature - Probationary Faculty Member	Date
Approved – Department Head/Chair	Date
Approved – Dean/ Chancellor	Date
Approved – Executive Vice President and Provost	Date
For office use only	
Mandatory decision year regarding indefinite tenure has changed from _____ to _____.	