Request of Exclusion of One Service Year for a Member on a Probationary Appointment – Parenthood (Duluth Campus Only)

Name of Probationary Faculty Member

Route this form to:

See Routing
Instructions Below

UMD Form
UM 1814
Rev: 7/16

Empl ID

Routing: Faculty member must complete, sign and submit form to Vickery French, Office of the Executive Vice Chancellor for Academic Affairs, 500 Darland Building, 1049 University Drive, Duluth, MN 55812, for final signature.

Faculty in Pharmacy Duluth or Medical School Duluth must use forms UM 1764, UM 1765, or UM 1766 to request extensions of the probationary period.

Rank	Probationary Start Date	Job Code
Department		Appointment Term (select one)
1		9 months 12 months
College	UMD E-mail	Appointment Type
		Tenure-track
1) EXCLUDE ONE TWELVE MONTH PERIOD (YEAR) FROM COMPUTATION OF YEARS OF SERVICE		
Exclude one year from the computation of contract, Duluth section 201.264].	of years of service due to parenthood [refer to	University Education Association (UEA
Please note that requests for exclusion from the computation of years of service for medical reasons must use forms UM 1815 available at http://policy.umn.edu/forms/		
The request for exclusion of the year must be made in writing within three months of the birth or adoptive placement 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 UEA contract section 201.264.		
Date of Birth/Adoptive placement		
Probationary Faculty Member Signature		Date of Notification/Signature
2) PREVIOUS EXCLUSIONS FROM CO	OMPUTATION OF YEARS OF SERVICE	☐ Yes ☐ No
IF YES, STATE ACADEMIC YEAR AN	D REASON(S)	
Approved – Executive Vice Chancellor for	Academic Affairs	Date
For office use only		<u> </u>
Mandatory decision year regarding indefinite tenure has changed fromto		