

# Extension of Maximum Period of Probationary Service for Continuous Track Academic Professionals

Route this form to: See Routing Instructions Below	U Wide Form UM 1627 Rev: Nov. 2023
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**Routing: Staff member must complete, sign, and submit form to the Vice Provost for Faculty & Academic Affairs ([vpfaa@umn.edu](mailto:vpfaa@umn.edu)). Forms may be signed digitally using [these instructions](#).**

Name of Probationary Academic Professional Employee		Employee ID
Department/Administrative Unit		
College/Campus	UMN E-mail	Probationary Start Date

**1) EXTEND THE MAXIMUM PERIOD OF PROBATIONARY ACADEMIC PROFESSIONAL SERVICE FOR THE REASON SPECIFIED BELOW:**

- New parent responsibilities including birth, adoption, or foster placement
- Extended medical leave or major caregiver responsibilities for a family member who has an extended illness, injury, or debilitating condition
- Reduction of appointment below 67%
- Other

The request for extension must be made within three months of the events giving rise to the claim, and no later than June 30 preceding the year a final decision on a continuous appointment would be made. This provision may not be used more than two times during the employee’s probationary period. Refer to *Administrative Guidelines, Criteria, and Procedures for Review of Probationary Academic Professionals Considered for Continuous Appointment*, Section II.

**EXPLANATION**

- Documentation for the above request is attached (not required for new parent requests).

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

**IF YES, STATE ACADEMIC YEAR AND REASON (e.g. 2019-2020 for new parent responsibilities)**

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Probationary Academic Professional Employee	Date
Responsible Administrator [signature required only for Reduction of Appointment and Other]	Date
Dean/Chancellor [signature required only for Reduction of Appointment and Other]	Date
Executive Vice President and Provost	Date

**For office use only**

Mandatory decision year regarding continuous appointment has changed from _____ to _____.
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