

Route this form to:	U Wide Form UM 1626
See Routing Instructions Below	
	Rev: 10/26/05

Extension of Maximum Period of Probationary Service for Tenure Track Faculty

1. Complete *Extension of Maximum Period of Probationary Service for Tenure-Track Faculty* form and submit to department head/chair.
2. If request is approved, route on for further approvals to the dean, and senior vice president or chancellor as appropriate. All designated signatures must be obtained before approval is final.
3. If request is approved, provide signed copy to the designated location:

- Academic Health Center Units:** Dr. Barbara Brandt, AHC, MMC 501
- Coordinate Campuses** (Crookston, Duluth, Morris): Respective Academic Administration Offices
- ALL OTHER UNITS:** Karen Linquist, Office of Human Resources, 120 Morrill Hall

Name of Probationary Faculty Member	Empl ID
Rank	Job Code
Department	Appointment Term
College	Appointment Type N

1) REQUEST TO EXTEND THE MAXIMUM PERIOD OF PROBATIONARY FACULTY SERVICE FOR THE TIME PERIOD AND REASON SPECIFIED.

Time Period Requested

- 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), and provided for by the department.
- Extend my appointment by one year due to new parent or caregiver responsibilities (refer to Board of Regents Policy: *Faculty Tenure*, Section 5.5 Exception for New Parent or Caregiver).
- Other (please specify):

EXPLANATION (Attach additional information, if needed)

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

IF YES, STATE ACADEMIC YEAR AND REASON(S)

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With this extension of the maximum period of probationary service, I understand that the academic year in which a mandatory decision on my indefinite tenure is changed from _____ to _____ (e.g., 2003-2004 to 2004-2005).

Requested in accordance with the Board of Regents Policy: *Faculty Tenure*. Not final until all signatures obtained.

Signed – Probationary Faculty Member	Date
Approved – Department Head/Chair	Date
Approved – Dean/Vice Chancellor	Date
Approved – Senior Vice President or Chancellor (as appropriate)	Date