

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: 10/26/05
--	---

1. Complete Extension of Maximum Period of Probationary Service for Continuous Track Academic Professionals form and submit to department head/chair.
2. If request is approved, route on for further approvals to dean/administrative unit head, and senior vice president or UMD 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 Linqvist, Office of Human Resources, 120 Morrill Hall

Name of Probationary Academic Professional Staff Member	Empl ID
Title	Job Code
Department	Appointment Term
College	Appointment Type H

1) REQUEST TO EXTEND THE MAXIMUM PERIOD OF PROBATIONARY ACADEMIC PROFESSIONAL STAFF 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 *Academic Professional and Administrative Staff Policies and Procedures Manual*, I.A.1 “The portion of time and duration of annual contract provided for the initial appointment may not be changed without the mutual consent of the employee and the appointing authority.”).
- Extend my appointment by one year due to new parent or caregiver responsibilities (refer to *Academic Professional and Administrative Staff Policies and Procedures Manual*, I.A.1 Exception for New Parent or Caregiver).
- Other (please specify):

EXPLANATION (Attach additional information, if needed)

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

IF YES, STATE YEAR AND REASON(S)

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

Requested in accordance with the Academic Professional and Administrative Staff Policies and Procedures Manual. Not final until all signatures obtained.

Signed – Probationary Academic Professional Staff Member	Date
Approved – Department/Division Head	Date
Approved – Dean/Administrative Unit Head	Date
Approved – Senior Vice President or Chancellor (as appropriate)	Date