UNDERSTANDING ON PROBATIONARY STATUS
Due to Interruption of Professional Activities for Probationary Faculty

Name of faculty member: _______________________________________________________

University ID:  _______________________________________________________________

Interruption in service for the period: ___________________________ to ___________________________

Research Leave (Does not extend probationary period)
  Leave plans and location: _________________________________________________________

Family Leave

Personal Medical Leave

Interruption of Professional Activities without leave
  Explanation: ________________________________________________________________

Interruption of Professional Activities with leave
  Explanation: ________________________________________________________________

It is our mutual understanding that this interruption ____________________ extend your probationary period.
(DOES/DOS NOT)

___________________________________________  ________________________________
Employee’s (Signature)  Date  Department Head’s (Signature)  Date

___________________________________________  ________________________________
Dean of Division Head’s (Signature)  Date  Vice Provost for Faculty & Academic Affairs (Signature)  Date

VPFAA RECERTIFICATION OF TENURE OR LONG-TERM APPOINTMENT DECISION YEAR:
Our records show that at the end of this interruption of professional activities, you will have accrued _______ probationary years and your tenure/long-term appointment will be made by May 1, _________.

Important Note: Adjustments are cumulative with 10 months of leave representing one year off the clock. If the clock is stopped for one semester, that counts for 5 months extension. That has the effect of delaying the tenure/long-term appointment consideration one academic year, since we have a single review process each year. If a faculty member takes an additional semester leave, total of 10 months, the clock adjustment remains at one year, even if the leaves are taken during separate academic years.