INDIANA UNIVERSITY BLOOMINGTON

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/DOES 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 duties, you will have accrued _____ probationary years as of _____ and your tenure/long-term appointment will be made by _____.

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.

Revised 9/2026