

## Faculty Notification of Extension of the Probationary Period

When a qualifying event occurs, faculty are eligible for an extension of the corresponding probationary periods: (a) non-tenured members of the standing faculty – the tenure probationary period; (b) clinician-educators, members of the research faculty – the promotion review period. The Faculty Handbook details the terms and conditions of these extensions.

The faculty member and their school must complete this Notification of Extension form and transmit it to the department chair, Dean and Provost's office, within one year of the qualifying event. However, no extension may be granted after July 1 of the mandatory review year. Approval of an extension does not preclude coming up for tenure or promotion in the original mandatory review year or early tenure or promotion, so long as the request is made before July 1 of the mandatory review year.

### Please check the appropriate box(es):

I request a one-year Extension to the Probationary Period due to the following qualifying event:

**A.1** A child has been born, adopted, or placed for foster care.

I affirm that I serve as the primary or co-equal parental caregiver of a new child<sup>1</sup>.

Name of child: \_\_\_\_\_ Date of Birth/Adoption/Placement: \_\_\_\_\_

**A.2** My child, spouse, domestic partner or parent has a serious illness<sup>2</sup>.

I affirm that I serve as the primary or co-equal caregiver for a seriously ill listed member of my family.

Name and relationship of family member: \_\_\_\_\_

Date of onset or discovery of serious illness: \_\_\_\_\_

**A.3** I have a serious health condition<sup>3</sup>. Date of onset or discovery: \_\_\_\_\_

**A.4** I have experienced a major personal or professional catastrophe (bereavement; crime victimization; loss of household due to fire, flood or natural disaster) or research catastrophe (essential research facilities or materials unavailable without fault).

I have attested to the nature of my personal catastrophe in writing to my chair, dean, or the Vice Provost for Faculty; or I have notified my chair or dean to initiate the process of review required for research catastrophe extensions. **If this request is COVID-19 related, please attach a brief written description of the circumstances that impacted your academic productivity.**

**A.5** I am required to perform military service. Dates and details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup> Faculty members of any sex may be eligible for an extension of the probationary period. Both parents if Penn faculty members may be eligible for an extension of the probationary period. Eligibility is limited to those who are "the primary or co-equal parental caregiver." This is defined as a parent who undertakes 50% or more of the parental caregiver duties.

<sup>2</sup> (as defined in Section 2611(11) of the Family and Medical Leave Act of 1993) persisting for a substantial portion of the period for which the extension is sought, the faculty member is required to act as the primary or co-equal parental caregiver for a parent, child, or the primary caregiver for a spouse, or domestic partner (as defined in the domestic partner benefits policy).

<sup>3</sup> (as defined in Section 2611(11) of the Family and Medical Leave Act of 1993) persisting for a substantial portion of the period for which the extension is sought, the faculty member is unable to perform functions of their position.

# UNIVERSITY of PENNSYLVANIA

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Requesting Faculty Member's Name: \_\_\_\_\_

Faculty Title: \_\_\_\_\_

School: \_\_\_\_\_ Department (if any): \_\_\_\_\_

Mandatory Review Year: \_\_\_\_\_ Proposed Mandatory Review Year: \_\_\_\_\_

\_\_\_\_\_  
Signature: Requesting Faculty Member

\_\_\_\_\_  
Date

## To be completed by the Department Chair

Check here if department does not exist

I certify that I have read this notice to extend the probationary period by one year and will change records in the department regarding the mandatory review year upon notification from the Provost's office.

\_\_\_\_\_  
Department Chair's Signature

\_\_\_\_\_  
Date

## To be completed by the Dean

This is to certify receipt of this notice to extend the probationary period by one year. The faculty member's records in the Dean's office will be changed with regard to the mandatory review year upon notification from the Provost's office.

\_\_\_\_\_  
Dean's Signature

\_\_\_\_\_  
Date