

Tenure Delay Form

This form is to be used for requesting the extension of a tenure eligible faculty member's probationary period. University of Kentucky regulations allow for a maximum of two 1- year extensions to a probationary period (excluding extensions given due to the Covid-19 pandemic). Probationary periods may be extended for reasons of personal health, dependent care, becoming a parent, and other events that significantly impact the career of the faculty member. Documentation required depends on the reason for the extension and is detailed below.

Name:	
Colleg	ge: Department:
Is this a first or second extension for this faculty member?	
Date Specifications (to be completed by the Dean's Office):	
Origina	al Probationary Period End Date:
Probat	ionary Period End Date After a Prior Extension (if applicable):
New P	robationary Period End Date:
Circumstances requiring extension (or waiver of extension):	
A.	Becoming a parent. I acknowledge receipt of the automatic one-year extension of my probationary period for the birth, adoption, or guardianship of a child. Required Documentation: Copies of the Family Medical Leave request form or documentation of temporary disability signed by the medical provider, the notification of approval of the leave from the Associate Provost for Faculty Advancement, and a revised Notice of Academic Appointment form (E02).
<u></u> В.	Waiver of automatic extension for becoming a parent. I waive my right to be granted a one-year extension of my probationary period ordinarily granted with the birth, adoption, or guardianship of a child.
<u> </u>	Personal health. I am requesting an extension of my probationary period due to a significant personal health condition for which I have required Temporary Disability and/or Family Medical Leave. Required Documentation: Copies of the Family Medical Leave request form or documentation of temporary disability signed by the medical provider, the notification of approval of the leave from the Associate Provost for Faculty Advancement, and a revised Notice of Academic Appointment Form (E02).
D.	Significant responsibilities for the care of a dependent. I am requesting a one-year extension of my probationary period because I have assumed significant responsibilities to care for a spouse, sponsored adult dependent, child, sponsored child dependent or parent who has a serious health condition.



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documentation of temporary disability signed by the medical provider, the notification of approval of the leave from the Associate Provost for Faculty Advancement, and a revised Notice of Academic Appointment Form (E02). E. Other Extenuating Circumstances: Probationary periods may be extended for other circumstances that significantly disrupt the career of a faculty member. Required Documentation: Letter from the faculty member requesting the extension, explaining the circumstances, and the impact on the faculty member's work, letter(s) from the unit director (when different from the Dean) and Dean indicating their support for the request, and a revised Notice of Academic Appointment Form (E02). Faculty Member's Signature Date Approved or Denied* by: *Denials require the attachment of written justification. **Approve** Deny Department Chair/Unit Director Signature Date **Approve** Deny Dean Signature Date **Approve** Deny **Provost Signature** Date

Required Documentation: Copies of the Family Medical Leave request form or