

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:

College:

Department:

Is this a first or second extension for this faculty member? First Second

Date Specifications (to be completed by the Dean's Office):

Original Probationary Period End Date:

Probationary Period End Date After a Prior Extension (if applicable):

New Probationary 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).
- B. 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.
- C. 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.

