



Request for Extension of the Probationary Period

Probationary Faculty Only

Can only be used in conjunction with an approved [Leave of Absence \(LOA\)](#)

Forward completed request form with Department Chair and Dean signatures to the Office of Faculty Advancement (OFA) at faculty.advancement@csus.edu. OFA will forward requests to the Provost for review and will send notification of the final decision. Information about the use of this form pursuant to Article [13.7](#) and [13.8](#) of the Collective Bargaining Unit Agreement (CBA).

TO BE COMPLETED BY FACULTY			
Name:		Dept. Name:	
Start of Leave:	<input type="checkbox"/> Fall: _____	<input type="checkbox"/> Spring: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Leave of Absence (LOA) without pay of one or more years: (CBA 13.7)			
<ul style="list-style-type: none"> One (1) year extension of LOA due to pregnancy/birth or adoption. Extension for the duration of leave, due to <i>Personal</i> LOA, without pay, pursuant to CBA provision 22.8. One (1) year extension due to <i>Professional</i> LOA, without pay, for up to two (2) or more academic years. 			
<input type="checkbox"/> Leave of Absence (LOA) of less than one year: (CBA 13.8)			
<ul style="list-style-type: none"> One (1) year extension due to <i>Personal</i> LOA, without pay, pursuant to CBA provision 22.8 One (1) year extension due to <i>Professional</i> LOA, without pay, pursuant to CBA provision 22.24 			
Justification for an extension of probationary year: (Attach additional pages if needed)			
By signing below, I confirm that I am requesting a one-year extension to my probationary period in accordance with 13.7 or 13.8 of the CBA and understand that if approved the decision is final and may not be rescinded.			
Faculty Signature:			Date:

TO BE COMPLETED BY DEPARTMENT CHAIR	TO BE COMPLETED BY DEAN
Recommend Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	Recommend Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	Comments:
Department Chair Signature:	Dean Signature:

ACADEMIC AFFAIRS USE ONLY	
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
Provost and Vice President for Academic Affairs Signature:	Date:

QUESTIONS/CONTACT
If you have any questions about completing this form, please call The Office of Faculty Advancement at (916) 278-2913 or email faculty.advancement@csus.edu