



**CALIFORNIA STATE UNIVERSITY, CHICO**  
**OFFICE OF Academic Personnel**  
**REQUEST FORM TO EXTEND PROBATIONARY PERIOD DUE TO COVID-19**

As a faculty member in good standing, I request a one-year extension of my probationary period due to the impact of COVID-19. I am aware and acknowledge that the following conditions will apply to this COVID-19 related extension of my probationary period:

1. This request will extend my normal probationary period one (1) year beyond the normal probationary period of six (6) years of full-time probationary service specified in Article 13.3.
2. The extension of the probationary period is **irrevocable**.
3. My standard schedule of review will continue with a periodic review in the sixth probationary year prior to a performance review for tenure and promotion in the seventh probationary year.
4. A request for tenure and/or promotion during my original final probationary year, or earlier, will be considered an accelerated request and subject to the criteria for accelerated tenure and promotion.
5. The extension of the probationary period does not guarantee retention during and/or up-to-the conclusion of the newly established probationary period nor does the extension guarantee tenure or promotion.

Justification for the request must be provided detailing one or more of the following:

- Substantially disrupted access to research subjects, collaborators, conferences, fieldwork, clinical settings, or other professional growth opportunities, such as residencies or fellowships due to recommended social distancing, quarantine, event cancellation.
- Family and Medical Leave Act-related or individual sick leave due to COVID-19.

**COVID-19 Justification: (attach additional page if needed)**

Note: The application period is May 14, 2021 through August 20, 2021

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Department**

\_\_\_\_\_  
**Faculty Signature**

Request due to Chair by August 20, 2021

\_\_\_\_\_  
**Date**

- Recommended  
 Not recommended

\_\_\_\_\_  
**Department Chair Signature**

Chair recommendation due to Dean within 7 days of receipt

\_\_\_\_\_  
**Date**

- Recommended  
 Not recommended

\_\_\_\_\_  
**Dean Signature**

Dean recommendation due to OAPL within 7 days of receipt

\_\_\_\_\_  
**Date**

- Recommended  
 Not recommended

\_\_\_\_\_  
**Academic Personnel Approval**

Dean recommendation due to OAPL within 7 days of receipt

\_\_\_\_\_  
**Date**

- Approved  
 Not Approve

\_\_\_\_\_  
**Provost Signature**

Provost decision due to faculty member within 10 days of receipt  
 In case of delay, all parties shall be notified

\_\_\_\_\_  
**Date**

Please submit the unsigned form to your college office Senior Assistant to the Dean (AA/S) for signature routing through Adobe Sign and filing in the PAF.