

Faculty Advancement & Student Success San Diego State University 5500 Campanile Drive San Diego State San Diego, CA 92182-1623 O: 619 594-6111 SDSU.edu

☐ Form and response letter added to PAF (date)

Faculty Advancement and Student Success - 9/2024

REQUEST FOR POSTPONEMENT OF PERFORMANCE REVIEW OR PERIODIC EVALUATION

	First Name Rank:	M.I.
College:		
<u> </u>	Department:	
☐ I am requesting to be considered	d for an extension of my probationary period/ "sto	pping the clock"
OR		
☐ I am requesting a postponemer	t of my periodic evaluation for(e.g., AY 20XX/20X	$\overline{X)}$
eason for Request:		
Global Impact (i.e., COVID-19,	etc.)	
☐ Building Closure		
Medical Accommodation/FMLA Resources; attach letter)	(approved by Office of Employee Relations and C	ompliance and/or Human
Personal Reason:		
Professional Reason:		
	rill be required to undergo a periodic evaluation duriod that I am not undergoing performance review	
4	at this document will be placed in my Personnel A ed by the Office of Faculty Advancement and Stuc	
Applicant Signature	Date_	
PPROVAL SIGNATURES		
Chair/Director(Forward to Dean's Office)	Date_	
-	Date_	
Dean_ (Forward to AVPFASS via facultyad)	ancement@sdsu.edu)	
R FACULTY ADVANCEMENT INTERM ☐ Entered into Master Evaluation		