

**PROBATIONARY AND TENURED FACULTY REQUEST FOR POSTPONEMENT OF PERFORMANCE
REVIEW OR PERIODIC EVALUATION**

**TENURE CLOCK EXTENSION IS AVAILABLE IN LIMITED CIRCUMSTANCES.
BEFORE AUTHORIZING, DEANS, CHAIRS, AND DIRECTORS SHOULD CONTACT AVP FASS.**

Name: _____
Last Name First Name M.I.

Red ID: _____ Rank: _____

College: _____ Department: _____

I am requesting to be considered for an extension of my probationary period/"stopping the clock"

OR

I am requesting a postponement of my periodic evaluation for _____
(e.g., AY 20XX/20XX)

Reason for Request:

Global Impact (i.e., COVID-19, etc.)

Building Closure

Medical Accommodation/FMLA (approved by Office of Employee Relations and Compliance and/or Human Resources; attach letter)

Personal Reason: _____

Professional Reason: _____

(initial here) I understand I will be required to undergo a periodic evaluation during the regular cycle of the next academic year.

(initial here) I understand that this document will be placed in my Personnel Action File five (5) days after it is received by the Office of Faculty Advancement and Student Success.

Applicant Signature _____ **Date** _____

APPROVAL SIGNATURES

Chair/Director _____ **Date** _____
[Forward to Dean's Office]

Dean _____ **Date** _____
[Forward to AVP for Faculty Advancement and Student Success (facultyadvancement@sdsu.edu)]