CAL STATE LA
CALIFORNIA STATE UNIVERSITY, LOS ANGELES

Request for Extension of Probationary Period

Before completing this form, faculty should consult the appropriate section of the Faculty Handbook, Article 22 and 23 of the Collective Bargaining Agreement

NAME *(Last)* *(First)*	DATE
DEPARTMENT/COLLEGE	RANK: Asst. Prof ☐ Assoc. Prof ☐

Article 13.7 of the Collective Bargaining Agreement states, upon the request of a faculty unit employee to the President made no later than the first day of the leave of absence listed below, or any extension thereto, his/her probationary period shall be extended for the following duration and reasons:

a. A one (1) year extension of the probationary period when the employee is on a leave of absence for pregnancy/birth or adoption **for one (1) year.**
b. An extension of the probationary period for the duration of the leave when the employee is on a personal leave of absence without pay pursuant to provision 22.8 for **one (1) or more full academic years.**
c. A one (1) year extension of the probationary period when the employee is on a professional leave of absence without pay for **two (2) or more academic years.**

Article 13.8 of the Collective Bargaining Agreement states, upon the request of a faculty unit employee to the President made no later than **thirty (30) days prior to the beginning of the academic term in which s/he is scheduled to return to work**, his/her probationary period may be extended for one (1) academic year for the following absences of **less than one (1) academic year**:

a. Leave of Absence for pregnancy/birth or adoption
b. Personal leave of absence without pay pursuant to provision 22.8
c. Professional leave of absence without pay pursuant to provision 22.24
d. Workers Compensation
e. Industrial Disability Leave
f. Nonindustrial Disability Leave
g. Paid sick leave

I am requesting an extension of my probationary period.
Yes ☐ No ☐

If you elect not to request an extension of your probationary period at this time, you still have the option to request an extension utilizing the timelines described above in Article 13.7 and 13.8.

_____ _____
Signature of Faculty Member Date

TO BE COMPLETED BY THE DEPARTMENT CHAIR:

Recommendation: Approve ☐ Do not approve ☐

_____ _____
Signature of Department Chair Date

TO BE COMPLETED BY COLLEGE DEAN:

Recommendation: Approve ☐ Do not approve ☐

_____ _____
Signature of College Dean Date

TO BE COMPLETED BY THE PROVOST AND VICE PRESIDENT FOR ACADEMIC AFFAIRS OR DESIGNEE:

Approve ☐ Do not approve ☐

Extension applies to_____ Academic Year

_____ _____
Provost and Director of Faculty Affairs/designee Date

Electronic copies

Original- FA HRM Faculty Member College Department