OFFICE OF FACULTY AFFAIRS

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Logo, company name

Description automatically generated

**Parental Extension Form**

The Parental Extension Form is to be completed and filed with the Office of Faculty Affairs no later than the beginning of the academic year following the date of the birth/adoption. No request will be accepted after June 15 preceding a faculty member’s time-bound year.

If this is the first extension request, the faculty member will automatically receive a one-year extension of the timebound year and third-year review, unless waived. If this is not the first extension request, the extension is not automatic.

***Section I: Please complete this section to acknowledge the birth or adoption of a child.***

Name:

College: Department:

Date of Birth/Adoption:

Have you previously received a Parental Extension?

No \_\_\_\_\_

Yes \_\_\_\_\_ If yes, how many Parental Extensions have you received? \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Signature Date

***Section II: Please complete this section to waive the automatic extension.***

\_\_\_\_\_\_ I wish to **waive** the automatic extension.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Signature Date

***Section III: This section is to be completed by the Office of Faculty Affairs.***

Notes:

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Signature Date

*Timebound Year* *Third-Year Review Date (if applicable)*

Current Timebound Year: Current Review Year:

New Timebound Year: New Review Year:

***Forward signed copy of this form to Lori Montezon in the Office of Faculty Affairs.***