



Office of the Provost

Memorandum

TO: Deans, Associate Deans and Department Chairs/School Directors
[Please distribute copies to all PRC chairs and all candidates for promotion and/or tenure, for reappointment review, or probationary review]

FROM: Cheryl Bracken, Interim Vice Provost for Faculty Affairs

DATE: July 14, 2020

SUBJECT: **Tenure review and reappointment extension due to the COVID-19 pandemic**

Based on Article 12.11 in the CSU -AAUP the following procedure may be utilized for all COVID-19 related requests for tenure and promotion or reappointment extension.

A faculty member may request an extension of the probationary period for the following reasons:

- (a) Extended illness or disability of the faculty member;
- (b) Providing primary care for an immediate family member (i.e., spouse or domestic partner, a child, or parent) who is ill or disabled; or
- (c) Providing primary care for a child under 18 months of age (the child must be living with the faculty member who provides the primary care). Extensions may be requested whether or not the faculty member qualifies for or takes a leave of absence.
- (d) Interruption of research due to the COV-19 pandemic in 2020 (available to faculty who started at CSU on or before August 20

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Timing

Requests for extension of the probationary period may be submitted at any point during the probationary period, but no later than **March 1 of the year before the tenure decision year**. Extensions must be requested during the period of care, illness, disability, or interruption of research, and not retroactively.

Procedure

A faculty member must timely submit the attached form and justification for the request to the Provost, including the proposed new tenure date, along with a current CV and evidence to substantiate the qualifying reason for the extension.

- (a) If the request is for the faculty member's own health condition or disability, any medical information shall be submitted to the Human Resources Department in accordance with the ADA Reasonable Accommodation Guidelines.
- (b) If the request for extension is to provide primary care for a child, a copy of the birth certificate must be provided (unless it has been submitted to Human Resources for benefits purposes), along with a certification by the faculty member of primary care provider status.
- (c) If the request for extension is to care for an ill or disabled family member, the request must include documentation from a health care provider that such care is required and a certification by the faculty member that the faculty member is providing the primary care.
- (d) if the request for the extension is due to the interruption of research due to the COV-19 pandemic in 2020, the faculty must outline how their research was impacted (available to faculty who started at CSU on or August 2020).

This additional time will automatically extend appointments for all pre-tenure and reappointment (6th year review) faculty, and you will receive a letter from the vice provost for faculty affairs reflecting the new tenure or reappointment. Again, you are not required to use this extra year if you want to continue on track as scheduled.

**Office of the Provost
Request for Tenure Review or Reappointment Extension**

To submit an extension request, complete and submit the form below via the college personnel office to provostoffice@csuohio.edu preferably as a scanned email attachment. Upon provost approval, a copy will be forwarded to the dean, who will return a signed copy to the department chair/school director and faculty member. The department or college should then initiate changing the contract end date and mandatory review date in the personnel system.

Requests for extension of the probationary period may be submitted at any point in the first five years of the probationary period, but no later than **March 1 of the year before the tenure or reappointment decision year (most often the fifth year)**.

Faculty Member's Name and Rank: _____ NAME | RANK

Employee ID: _____

College | Department: _____ COLLEGE | DEPT

Contract (select an option): _____ Academic (9 mo.)

Appointment Begin Date: _____ BEGIN DATE

Current Appointment End Date | *Current Review: _____ END DATE REVIEW

*When is the faculty member's mandatory review currently scheduled to take place? (e.g., 2019-2020 cycle).

Proposed Appointment End Date | Proposed Review: _____ PROPOSED END DATE PROPOSED REVIEW

**Reason for Extension: _____ e.g. Delay in facilities availability

**Provide justification below for the requested extension. The reason should be consistent with the CSU-AAUP Article 12.11 A (4) with the exception of the COVID-19 interruption. In addition, if the basis for this request is for medical purposes, contact the Human Resources.

I understand the review for reappointment, promotion, or tenure will be adjusted as outlined above.

Faculty Member Signature Printed Name
Date

Department Head / School Director Signature Printed Name
Date

Dean Signature Printed Name
Date

Provost and Chief Academic Officer Signature Printed Name
Date

1. Justification for the extension request (please insert or attach)