

A one-year probationary period extension shall be automatically granted to either parent (or both, if both parents are tenure-track or continued appointment-track faculty members) in recognition of the demands of caring for a newborn child or a child under five and newly placed for adoption or foster care. The request should be made within a year of the child’s arrival in the family.

An extension of the probationary period may also be approved on a discretionary basis for other extenuating non-professional circumstances that have had a significant impact on the faculty member’s productivity, such as a serious personal illness or major illness of a member of the immediate family, or the ongoing impacts related to the COVID-19 pandemic. Documentation of medical reasons is required and should be submitted with this request. In rare cases, extraordinary professional circumstances not of the faculty member’s making may be acceptable justification for a probationary period extension.

If the department head does not support this request, the reasons for denial shall be provided in writing, and the request is automatically forwarded to the dean for further review. If the dean does not support this request, the reasons for denial shall be provided in writing, and the request is automatically forwarded to the Provost for further review.

**Please submit this completed form to Faculty Affairs ([facultyaffairs@vt.edu](mailto:facultyaffairs@vt.edu)) for review and approval by the Office of the Executive Vice President and Provost.**

Faculty Member Name \_\_\_\_\_

**Last 4 digits** of Faculty Member VT ID Number \_\_\_\_\_

Faculty Member Department \_\_\_\_\_

Current mandatory tenure or continued appointment review year \_\_\_\_\_

If previous probationary extension was granted, please indicate date: \_\_\_\_\_

Check this box for if this request is related to **childbirth, adoption, or foster care** as described above. These requests are automatically approved, no further description is necessary.

Please provide the date of the child’s birth, or the date when a child under the age of five was newly placed for adoption or foster care with you. \_\_\_\_\_

Check this box for **other** reason(s) for extending the probationary period. Please specify circumstances below (for example, those related to ongoing impacts related to the COVID-19 pandemic). You may attach additional narrative if necessary.

\_\_\_\_\_  
 Faculty Member Signature

\_\_\_\_\_  
 Date

**Approvals:**

Approved

Not Approved

\_\_\_\_\_  
Department Head signature

\_\_\_\_\_  
Date

Approved

Not Approved

\_\_\_\_\_  
Dean signature

\_\_\_\_\_  
Date

Approved

Not Approved

\_\_\_\_\_  
Executive Vice President and Provost signature

\_\_\_\_\_  
Date

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*To be completed by the Office of the Executive Vice President and Provost*

New tenure or continued appointment review year: \_\_\_\_\_

Final year, if tenure or continued appointment is not awarded: \_\_\_\_\_