



*Policies and Procedures*

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## ESF Policy on the Extension of the Continuing Appointment Decision

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- A. This policy pertains to ESF academic employees as per the SUNY Policies of the Board of Trustees). In the event of any contradictions or inconsistencies between this policy and the SUNY Policies of the Board of Trustees and/or UUP Agreement, the latter policies will prevail.
- B. Academic employees who are serving a full-time term appointment in which service is credited toward continuing appointment, and where review for continuing appointment has not commenced, shall be granted upon request an extension of the continuing appointment decision, if leave is taken during the review period for any of the following events:
1. A child is born, adopted, or placed for foster care, into the employee's household and the employee is the primary or co-equal parental caregiver
  2. The employee suffers a serious health condition as defined by the Family and Medical Leave Act of 1993 resulting in leave of thirty (30) days or longer
  3. A family member of the employee suffers a serious health condition as defined under the Family and Medical Leave Act of 1993, resulting in the employee taking leave of thirty (30) days or longer

If two academic employees are co-caregivers as defined under SUNY's Child Care Policy or under FMLA, then both may obtain extensions of the continuing appointment decision.

- C. The length of extension will be one year. The employee shall submit the **Extension of the Continuing Appointment Decision Form** to the Provost within sixty (60) days upon return from the associated leave. (Important note: All academic employees may request a leave and/or extension of any duration, separate from this policy).
- D. When an academic employee, who has taken an extension, is reviewed for continuing appointment, the Department Review Committee, in their letter soliciting evaluations from internal and external reviewers, shall explicitly state that the policy of SUNY-ESF is to evaluate the productivity of each candidate based on the number of years of service toward continuing appointment, such that, the candidate is not penalized for having been granted a continuing appointment decision extension.

**The Department Review Committee should include in the letter this statement of policy:** *The policy of SUNY-ESF is to evaluate the productivity of each candidate based on \_\_\_ (fill in number) numbers of years of service toward continuing appointment.*



## *Policies and Procedures*

- E. The total amount of continuing appointment decision extensions under this policy cannot exceed two (2) years, beyond two years, continuing appointment deadline decisions are discretionary.
  
- F. In order to execute an extension under this policy, the appointment status must be changed during the extension period to an appointment that does not accrue service credit toward continuing appointment. Under the *SUNY Policies of the Board of Trustees*, one of the following options must be selected:
  - 1. Qualified academic rank (e.g. lecturer, visiting professor title)
  - 2. Part-time service (i.e. 95% FTE or less)
  - 3. Leave without pay

*To apply for a continuing appointment decision extension under this policy see attached*  
**Extension of the Continuing Appointment Decision Form**



*Policies and Procedures*

**Extension of the Continuing Appointment Decision Form**

Name \_\_\_\_\_ Title \_\_\_\_\_

Department \_\_\_\_\_ Chair/Supervisor \_\_\_\_\_

I. Reason(s) for request:

1. A child is born, adopted, or placed for foster care, into the employee's household and the employee is the primary or co-equal parental caregiver
2. An employee's serious health condition as defined by the Family and Medical Leave Act of 1993, resulting in leave of thirty (30) days or longer
3. A serious health condition of an employee's family member as defined under the Family and Medical Leave Act of 1993, resulting in leave of thirty (30) days or longer

Indicate dates of leave: \_\_\_\_\_ through \_\_\_\_\_

II. Requested appointment status for deadline extension period:

1. \_\_\_\_\_ Qualified academic rank
2. \_\_\_\_\_ Part-time (indicate % \_\_\_\_\_)
3. \_\_\_\_\_ Leave Without Pay

Dates effective: \_\_\_\_\_ through \_\_\_\_\_

**SUBMIT FORM TO THE OFFICE OF HUMAN RESOURCES, 216 BRAY HALL**

III. Verification of Eligibility

Dates verified: \_\_\_\_\_ through \_\_\_\_\_

Verified by: \_\_\_\_\_, Date: \_\_\_\_\_

Office of Human Resources

Acknowledged by: \_\_\_\_\_, Date: \_\_\_\_\_

Provost