

ESF Policy on the Extension of the Continuing Appointment Decision

- 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 such review of continuing appointment has not commenced, shall be eligible for an extension of the continuing appointment decision, if leave is taken 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. 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

If two faculty members 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 thirty (30) days upon return from the associated leave.
- D. When an academic employee, who has taken an extension, is reviewed for continuing appointment or promotion, the Department Review Committee, in their letter soliciting evaluations from internal and external reviewers, should explicitly state that the candidate has been granted a continuing appointment decision extension pursuant to this policy. The Department Review Committee should further 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.
- E. The total number of continuing appointment decision extensions under this policy cannot exceed two (2) years.
- 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, which under the SUNY Policies of the Board of Trustees, is required as one of the following:
1. Qualified academic rank (e.g. lecturer, visiting professor title)
 2. Part-time service (i.e. 95% FTE or less)
 3. Leave without pay

Military Leave may also result in employee eligibility for a deadline extension and is handled under a separate process per Federal, State, and/or other applicable laws and regulations. Employees may also request an extension due to personal or other circumstances, such as an unforeseen catastrophic event. Contact Human Resources for more information on extensions related to these events.

To apply for a continuing appointment decision extension under this policy see attached

Extension of the Continuing Appointment Decision Form

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