

Post-Tenure Review Extension Form

USC Columbia

The University of South Carolina promotes an academic culture that is supportive of faculty and their families. The University is committed to attracting and retaining the highest-quality faculty to academic disciplines critical to our state, including business, education, engineering, nursing, public health, and medicine, as well as to supporting the state's vibrant history of arts and culture with excellent faculty in the liberal arts. Faculty thrive in an equitable and productive academic environment that supports health and well-being. Major life events, such as the birth or adoption of a child, or health issues for faculty members and their families, can have a profound effect on their lives, whether anticipated or unanticipated. Policy ACAF 1.31 Extension of Faculty Tenure-Track Probationary Period and Scheduled Post-Tenure Review is one of several Family Friendly policies designed to ensure a workplace culture that is flexible and supportive of faculty as they navigate their personal and family responsibilities, a culture in which all faculty can thrive personally and professionally.

A faculty member may need to request extension of the post-tenure review in order to respond to anticipated or unanticipated person event or situation. To request a post-tenure review extension, the faculty member should submit this Post-Tenure Review Extension Form to their department chair or dean. If additional documentation is needed to evaluate the request, please submit it to the appropriate party (as described below). The Vice Provost and Dean of Faculty provides the final approval for a post-tenure review extension.

This form must be submitted within twelve months of the qualifying event. See policy <u>ACAF 1.31 Extension of Faculty Tenure-Track Probationary Period and Scheduled Post-Tenure Review</u> for further information. This form should not be used to request accommodations under the Americans with Disabilities Act (ADA), as amended. Please see <u>Workplace Accommodations</u> for instructions related to requesting ADA accommodations.

To request a post-tenure review extension, the faculty member must submit the first three items to their direct supervisor; see instructions below for how to submit appropriate documentation.

- 1. Completed form submitted within twelve months of the related event.
- 2. Justification for the request, if not considered confidential information.
- 3. Documentation for the request, including certificate of birth, adoption, or death.
 - a. Non-confidential documentation can be submitted to your direct supervisor, along with this request form.
 - b. If you have any information/documentation that is considered confidential (e.g., birth certificate, adoption paperwork, certification from a health care provider, etc.) to submit with your request, please instead submit all documentation, along with a copy of this form, directly to Employee Relations in the Division of Human Resources at USCER@mailbox.sc.edu. Any confidential information will be viewed and retained within Employee Relations and will be kept confidential in a manner that is consistent with state and federal law. Please note that Employee Relations will confirm receipt of documentation with the department.
- 4. The faculty member must include a copy of the approved post-tenure review extension form in the post-tenure review file.

PLEASE NOTE: Modified Duties for Faculty

A faculty member requesting a post-tenure review extension may also be eligible to request modified duties. For more information, see policy <u>ACAF 1.60 Modified Duties for Faculty</u>.

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College/School:	Department: Campus Phone:	
Campus Address:		
Tenure Date: Date of Last Review:		
Prior post-tenure review extension(s) approval date(s):		
Please check the appropriate box below and circumstances (i.e., birth certificate, physic documentation must be submitted within twelver.	cian's certification, etc.) as ins	
Automatic Extension A full-time tenured faculty member is eliginately period related to the birth or adoption of a		
A full-time tenured faculty member is elig life-challenging situations by request and faculty member and/or the faculty member and/or the faculty member placement of a foster child; or other relevant that I may choose to the sequence of t	I upon approval for the followin nber's spouse/partner, child o ant circumstances. of Faculty Tenure-Track Probat	g reasons: a serious illness of the parent; death of a parent; the
	proceed with my original post-teni	
Faculty Member Signature	o proceed with my original post-ten	
		ure review date if desired.
Faculty Member Signature Required Approvals:		ritten justification is required. Confidential Information
Faculty Member Signature Required Approvals:		ritten justification is required.
Faculty Member Signature Required Approvals: Please attach additional comments as necess Employee Relations Signature (if applicable)	Date sary. In the case of a denial, a w	ritten justification is required. Confidential Information
Faculty Member Signature Required Approvals: Please attach additional comments as necess	Date sary. In the case of a denial, a w	ritten justification is required. Confidential Information Confirmed Approve Deny
Faculty Member Signature Required Approvals: Please attach additional comments as necess Employee Relations Signature (if applicable)	Date sary. In the case of a denial, a w	ritten justification is required. Confidential Information Confirmed

Please note that approval may be automatic.