Dear XXX

I am writing to follow up with you regarding your request to opt-out of the automatic COVID-19 extension of your probationary appointment, previously granted to you. I understand that you wish to forgo the extension, which maintains your probationary end date to 8/15/XXXX. Further, this means you will be reviewed for reappointment during the XXXX review cycle.

If the extension for the probationary appointment is waived, you are bound to the outcome of the reappointment review.

With your acknowledgment below, your probationary end date will be 8/15/XXX

If a successful recommendation is made for reappointment, the one-year COVID-19 extension can be used in your second probationary period if the extension is needed due to COVID-19 impact on your performance. You must notify your unit administrator that you will use the one-year COVID-19 extension no later than the due date for the submission of your dossier.

Thank you,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Administrator (or Representative)                                        Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Continuing System Faculty/Academic Staff Member       Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean Date