NOTIFICATION OF PRETENURE PERIOD EXTENSION FOR PARENTING*

Case Western Reserve University School of Medicine
Submit all materials to: somFacultyApptMaterials@case.edu
Forms, templates, and more detail: http://casemed.case.edu/facultyaffairs/

Faculty member: _____

Department: _____

Have you received any previous pre-tenure extensions? _____

Date of birth or adoption of child: _____
(Notification for this extension must be submitted within one year after the birth or adoption.)

_____
Signature of faculty member **date**

*Faculty Handbook Chapter 3 Policies and procedures for the Members of the Faculty, Part One, Article I, Sec. G Pretenure Period

4. Upon written notification by the care-giving parent or parents **within one year** after each live birth or after each adoption, an extension of one year of the pre-tenure period shall be granted by the provost.