

<b>TO BE COMPLETED BY FACULTY</b>	
<b>Name:</b>	<b>Dept. Name:</b>
<b>Academic Year of scheduled Cumulative Evaluation:</b>	
<b>Academic Year of scheduled Full-Time Leave of Absence:</b>	
If a temporary faculty member is scheduled for a cumulative evaluation and is on an authorized paid or unpaid full-time leave of absence for the entire academic year in which the evaluation is scheduled, the temporary faculty member may request a postponement of the cumulative evaluation.	
If the outcome of the evaluation is a determination of satisfactory performance, the new three-year appointment will be effective at the beginning of the academic year following the original expiration date of the prior appointment.	
<b>Type of leave during postponement period: (choose one)</b>	
<input type="checkbox"/>	Maternity/Paternity/Parental/Adoption
<input type="checkbox"/>	Medical – Self
<input type="checkbox"/>	Medical – Immediate Family Member
<input type="checkbox"/>	Personal/Other Leave: <i>(state nature)</i>
<b>Faculty Signature:</b>	<b>Date:</b>

<b>TO BE COMPLETED BY DEPARTMENT CHAIR</b>				
Recommend Approval	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Comments:				
<b>Department Chair Signature:</b>				<b>Date:</b>

<b>TO BE COMPLETED BY DEAN</b>				
Recommend Approval	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Comments:				
<b>Dean Signature:</b>				<b>Date:</b>

<b>FACULTY AFFAIRS USE ONLY</b>				
<i>cc: Personnel Action File</i>				
Approved	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Comments:				
<b>Provost and Executive Vice President for Academic Affairs Signature:</b>				<b>Date:</b>

<b>QUESTIONS/CONTACT</b>
If you have any questions about completing this form, please call Faculty Affairs at 664-2192 (CRS 877-735-2929 TTY)
Please Email Completed Form to: <a href="mailto:Sally.Sacchetto@sonoma.edu">Sally Sacchetto, Director of Faculty Personnel</a>