

Continuing Appointment Automatic Extension Opt Out Request Form

Effective May 6, 2020, a Memorandum of Understanding (MOU) between the State University of New York and United University Professions (UUP) was approved by action of the SUNY Board of Trustees. This Memorandum grants an automatic one-year extension of an employee’s time to continuing appointment without change in title, full-time equivalency or other employment status. The MOU can be accessed [here](#). As an example, if your original continuing appointment date was September 1, 2023, it will now be September 1, 2024.

According to the MOU, employees do have the option of requesting to opt out of this automatic extension. If you believe that you are able to meet the standards needed to attain continuing appointment without this extension, you may request to opt out of the one-year extension by completing this request form.

Opt-out requests must be made by December 31 of the year preceding your review for continuing appointment. As an example, faculty going up for continuing appointment effective on their original eligibility date of September 1, 2022 would be reviewed in the Spring 2021 cycle and would need to opt out by December 31, 2020. See the chart below:

Original Continuing Eligibility Date	Opt out Deadline to Obtain Continuing Appt. on Original Date
9/1/26	12/31/24
9/1/25	12/31/23
9/1/24	12/31/22
9/1/23	12/31/21
9/1/22	12/31/20

Once you choose to opt out of this automatic extension, it cannot be reinstated.

Name: _____

Title/Rank: _____

Department: _____

By checking this box, I am formally requesting to opt out of the automatic one-year extension that was applied to my continuing appointment eligibility. I would like my continuing appointment eligibility date reverted back to the original date of: _____

Faculty Signature: _____ Date: _____

(Please submit this request to your Chair, with a copy to your Dean, Provost and HR. Please also place a copy of this request in your portfolios for review.)

Chair Acknowledgement: _____ Date: _____

Department Chair to distribute per below:

- Copy to Dean
- Copy to Provost
- Copy to HR

Original - Return to requesting faculty member