2023-2024

**SUPPLEMENTAL** FORM NO. 2

CONSIDERATIONS/EXCLUSIONS APPLICABLE TO THIS CANDIDATE

|  |  |
| --- | --- |
| Candidate's Name |       |
| Department |       |
| Date |       |

1. Does this candidate request that external evaluators be asked to appropriately take into account the impact of the COVID-19 pandemic on scholarship, teaching and/or service for academic year 2019/2020 and/or academic year 2020/2021as may be reflected in the record for review?

 [ ]  yes [ ]  no If yes, then please check the applicable academic year(s) requested.

[ ]  AY 2019/2020

[ ]  AY 2020/2021

If yes, then the applicable language set forth in Appendix G should be included in the solicitation letters to external evaluators.

2. If this candidate has had time excluded from the probationary period due to the COVID-19 pandemic, a parental or medical leave of absence, or a leave of absence without pay, does this candidate request that University evaluators, evaluative bodies, and outside evaluators be informed that the candidate’s record is to be reviewed in the same manner as the record of a faculty member without such an exclusion?

[ ]  yes [ ]  no

If yes, then the applicable language set forth in Appendix G should be included in the solicitation letters to external evaluators.

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Signature of Candidate Date Signature of Date

Department Chair

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Print Name of Candidate Print Name of Department Chair