

**EXTENSION REQUEST:
Academic Support Staff
Research Associate or Instructor**

Three-year term limit positions

According to the *Faculty Handbook* policy, these positions have 3-year term limits. Full time service in these positions may not exceed three years, except with approval of the Provost and PSC minutes. See policy at <https://catalog.upenn.edu/faculty-handbook/ii/ii-b/>

Extension Request – Prepared by Department

- **Submit Request 6 months before the End Date of the 3-year term limit**
 1. Fill in Section A of Page 2 and all of Page 3.
 2. Attach visa documentation, if applicable
 3. Attach the candidate's CV & Grants

Send the extension request with attachments to:

PSOM-OAA@upenn.edu

PSOM Office of Academic Affairs

Signatures and Approval

1. OAA Review
2. Vice Dean for Administration & Finance's Signature (for salary and funding approval)
3. Dean's Signature
4. Provost's Staff Conference Subcommittee (PSCS)

Revised: 2.2023

Candidate Name: _____ Degree: _____

University of Pennsylvania Perelman School of Medicine
Extension Request for Academic Support Staff -- Research Associate, Instructor A , Lecturer A
Extension Approval Page

| | | | |
|-------------------------------------|--|-----------------|--------|
| A. Department: | | | |
| Position: | | Visa | |
| Extension Start Date: _____ | | | |
| Extension End Date: _____ | | | |
| Contact: | | Phone #: | |
| Approved in FY | | Budget | |
| Reason for Extension Request | | | |
| Signature: | | | |
| Department BA | | | |
| Signature: | | | |
| Chair of Department | | | (date) |
| Signature: | | | |
| Principal Investigator | | | (date) |

For OAA & Dean's Office Use Only:

| | | | |
|--|--|--|--------|
| B. OAA Review : <input type="checkbox"/> reviewed | | | |
| Comments: _____ | | | |
| Signature: | | | |
| OAA Reviewer | | | (date) |

| | | | |
|---|--|--|--------|
| C. PSOM Finance Review : <input type="checkbox"/> approved <input type="checkbox"/> not approved | | | |
| Comments: _____ | | | |
| Signature: | | | |
| Vice Dean for Administration and Finance | | | (date) |

| | | | |
|---|--|--|--------|
| D. Dean's Review : <input type="checkbox"/> approved <input type="checkbox"/> not approved | | | |
| Comments: _____ | | | |
| Signature: | | | |
| Executive Vice President /Dean | | | (date) |

| | | | |
|-----------------------------|--|--|--|
| E. Submitted to PSCS | | | |
| _____ | | | |
| (date) | | | |

Candidate Name: _____ Degree: _____

University of Pennsylvania Perelman School of Medicine
Extension Request for Academic Support Staff -- Research Associate, Instructor A , Lecturer A
Proposed Salary and Salary Sources

PROPOSED SALARY AND SALARY SOURCES

Proposed Compensation during
 Extension Period \$ _____

Anticipated sources of salary & employee benefit support:

| Source: | Salary | | EBs | | Total |
|---|--------|--|-----|--|-------|
| EVP / Dean's funds (000000) | | | | | |
| ADF (014004) | | | | | |
| CPUP (Operations) | | | | | |
| CPUP (Research E&D) | | | | | |
| UPHS Hospital IET (HUP, PMC, PAH, PHX) | | | | | |
| Grants / Contracts (5xxxxx) | | | | | |
| Endowments / Gifts (4xxxxx & 6xxxxx) | | | | | |
| Other Institutions (CHOP, VAMC, Wistar) | | | | | |
| Other _____ (describe) | | | | | |
| Total | | | | | |

In an attempt to understand if the external funding is new or existing, please complete the following for grants/contracts, endowments and gifts, if the information is available at this time.

Funding Source:

Candidate's Role in Project: _____ Candidates Salary Support (\$): _____
 Candidate's % Effort: _____
 Principal Investigator of the support funds:
 Sponsor Name:
 Sponsor Description:
 UPenn Account Number (if existing):

Funding Source:
 Candidate's Role in Project: _____ Candidates Salary Support (\$): _____
 Candidate's % Effort: _____
 Principal Investigator of the support funds:
 Sponsor Name:
 Sponsor Description:
 UPenn Account Number (if existing):

Fill in this section for individual who has clinical activities in their position:

How is this position funded ?

Will this position participate in a clinical practice productivity based compensation plan? Yes No

What is the productivity target (please provide the relevant metric, e.g., WRVU's, cash collections, etc.) _____

