**Request to Rescind Automatic COVID-19 Extension**

**Faculty Member Name:**

**Department:**

**Current Adjusted Mandatory Review Year:**

(*see FADS Position History for date including all previously approved Extensions*)

**COVID Extension Year being Rescinded: 7/1/ - 6/30/**

(*see FADS Position History for recorded year*)

**I have discussed my intention with**

 (*Name of* Division Chief, if applicable and/or Department Chair)

I have considered all options to utilize the automatic one-year COVID-19 extension as announced by the [Office of the Provost](https://www.med.upenn.edu/oaa/assets/user-content/documents/Extensions/Provost.COVID-19.Auto-Extension.9.8.2020.docx), reviewed information related to Extensions on the [OAA website](https://www.med.upenn.edu/oaa/faculty-affairs/extensions.html), and after consultation with my Division Chief and/or Department Chair, I have decided to voluntarily opt-out of the automatic COVID Extension granted by the Provost. I understand that this will revert my probationary reappointment schedule and mandatory review for promotion by one year and that a rescinded Extension cannot be reinstated.

Faculty Member Signature Date

Division Chief Signature (record NA if not applicable) Date

Department Chair Signature Date