

## **Educational and Professional Leave without Pay**

Request Form for Postdoctoral Associates

Postdoctoral Associates may apply for **Educational and Professional Leave without Pay** for any period during which the postdoc is required to break from UGA employment by a fellowship or the terms of other external funding.

**Instructions:** The following documents must be submitted to Office of Postdoctoral Affairs: (1) this request form with completed SECTION A, SECTION B, and signatures; (2) a copy of the fellowship award letter or other documentation of the external funding that requires leave from UGA employment. **Send the complete package to Office of Postdoctoral Affairs by email to opa@uga.edu.** 

		SECTION	A	
Postdoc Name & Email:				
Postdoc School/College & Dept/Unit: _				
Postdoc's Supervisor/Research Mentor	Name & Email:			
Name of Fellowship/External Funding S	ponsor and Dates of	Award:		
Requested Leave Period: START DATE  (These dates MUST fall within the period of the fellowship or		_ and END DATE other external funding that necessitates the requested leave.)		
Any Previous Extended Leaves of Absen	ce? NO 🔲 YES 🖵	If YES, ider	ntify dates & type of leave	
<ul> <li>I am requesting this Education external support to promote</li> <li>While on approved leave, I we employee, but I will be a UG.</li> <li>I will continue to receive my will be personally responsible business manager with quest pay promptly.</li> </ul>	onal and Profession e scholarly work and vill not receive any A Postdoctoral Fello UGA employment le for paying UGA f stions. I understand	al Leave wid profession salary/payrow with all benefits duffor the empt UGA will	by certify and agree to the following: thout Pay in connection with a fellowship or other hal development. oll, or have any employment obligations, as a UGA attendant obligations under UGA policy. ring the period of approved leave. I acknowledge that I bloyee contribution to my benefits. Contact your unit issue invoices to me from time to time, which I agree to i) drawing retirement benefits from USG or the Teachers	
Postdoctoral Associate		Date		
Approved By:				
Vice President for Research	Date		(as the President's designee)	
Policy requires the Chancellor's final	approval if leave is	requested i	beyond one year.	
Chancellor		Date	(signature by the Chancellor or designee)	



Postdoc Name:

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Download PDF to get started. Click here to learn how to sign electronically.

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**SECTION B** 

Postdoc's Supervisor/Research Mentor Name & Email:		·
Department Head Name & Email:		
Requested Leave Period: START DATE  (These dates MUST fall within the period of the fellowshi		
ADDITIONAL INFORMATION IN SUPPORT OF REQU correct as it relates to this request for leave.	EST: The un	dersigned certify that the following information is true and
Purpose of Leave: To promote the requesting	nployment a	scholarly work and encourage professional development by s necessary to receive a fellowship or other external funding
research as a UGA Postdoctoral Fellow per	the terms of this progra	period of leave, the postdoc will participate in training and the associated fellowship or other external funding m and its purposes is very high, particularly given the luring the period of leave
<ul> <li>Effect of Leave on UGA/School/College/Uni external funding associated with this postdo salary, resulting in overall savings to the uni</li> </ul>	t/Departme oc, is likely t iversity. In a I by UGA, an	nt: The requested leave arrangement, which allows for o preserve funding otherwise required to pay the postdoc's ddition, the postdoc will continue during the period of leave d no significant work ordinarily conducted by the postdoc
RECOMMENDED BY: I have reviewed this request for supporting documentation, and I recommend this re		aal and Professional Leave without Pay, including its eave of absence be granted.
Postdoc's Supervisor/Research Mentor	Date	_
Department Head/Center or Institute Director	Date	
RECEIVED BY:		
Office of Postdoctoral Affairs	Date	_
		You can sign this form electronically!