



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](mailto: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 Sponsor and Dates of Award: \_\_\_\_\_

Requested Leave Period: START DATE \_\_\_\_\_ and END DATE \_\_\_\_\_

(These dates MUST fall within the period of the fellowship or other external funding that necessitates the requested leave.)

Any Previous Extended Leaves of Absence? NO  YES  If YES, identify dates & type of leave \_\_\_\_\_

**AGREEMENT: I, the undersigned Postdoctoral Associate, do hereby certify and agree to the following:**

- I am requesting this Educational and Professional Leave without Pay in connection with a fellowship or other external support to promote scholarly work and professional development.
- While on approved leave, I will not receive any salary/payroll, or have any employment obligations, as a UGA employee, but I will be a UGA Postdoctoral Fellow with all attendant obligations under UGA policy.
- I will continue to receive my UGA employment benefits during the period of approved leave. **I acknowledge that I will be personally responsible for paying UGA for the employee contribution to my benefits. Contact your unit business manager with questions. I understand UGA will issue invoices to me from time to time, which I agree to pay promptly.**
- I am not a retiree of the University System of Georgia (USG) drawing retirement benefits from USG or the Teachers' Retirement System.

\_\_\_\_\_  
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 beyond one year.*

\_\_\_\_\_  
Chancellor Date (signature by the Chancellor or designee)

