Postdoctoral Affairs
Office of Research
UNIVERSITY OF GEORGIA

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 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:

_____

David Lee, 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)

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SECTION B

Postdoc Name: _____

Postdoc's Supervisor/Research Mentor Name & Email: _____

Department Head Name & Email: _____

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.)

ADDITIONAL INFORMATION IN SUPPORT OF REQUEST: The undersigned certify that the following information is true and correct as it relates to this request for leave.

- Purpose of Leave: To promote the requesting postdoc's scholarly work and encourage professional development by allowing the postdoc to break from UGA employment as necessary to receive a fellowship or other external funding for participation at UGA as a Postdoctoral Fellow.
- Program to be Pursued during Leave Period: During the period of leave, the postdoc will participate in training and research as a UGA Postdoctoral Fellow per the terms of the associated fellowship or other external funding agreement. The likelihood of accomplishing this program and its purposes is very high, particularly given the postdoc will continue as a Postdoctoral Fellow at UGA during the period of leave.
- Effect of Leave on UGA/School/College/Unit/Department: The requested leave arrangement, which allows for external funding associated with this postdoc, is likely to preserve funding otherwise required to pay the postdoc's salary, resulting in overall savings to the university. In addition, the postdoc will continue during the period of leave as a Postdoctoral Fellow with no salary paid by UGA, and no significant work ordinarily conducted by the postdoc will need to be handled by other UGA employees during the period of leave.

RECOMMENDED BY: I have reviewed this request for Educational and Professional Leave without Pay, including its supporting documentation, and I recommend this request for leave of absence be granted.

_____

Postdoc's Supervisor/Research Mentor **Date**

_____

Department Head/Center or Institute Director **Date**

RECEIVED BY:

_____

Office of Postdoctoral Affairs **Date**