

UTHSC Postdoc Office

Request for Postdoctoral Fellow Extended Unpaid Leave

Postdoctoral Fellows are allowed paid annual leave consisting of ~2 weeks of university holidays/closings and 2 weeks of vacation. The accrual of paid annual leave begins with the date of hire and is prorated.

Use this form if the postdoctoral fellow requests (a) annual leave in excess of the prorated paid allowance; or (b) extended sick leave that is judged by the mentor to be out of the ordinary. This completed form must be approved by the Postdoc Office prior to the first day of the period of unpaid leave.

Name of Postdoctoral Fellow: _____ Date _____

Circle One: a) EXTENDED ANNUAL LEAVE b) EXTENDED SICK LEAVE

Brief Justification of leave request: _____

Start date of extended leave: _____ End date of extended leave: _____

The undersigned acknowledge that the postdoctoral fellow has exhausted all of his/her allowed paid annual leave as defined above, and that the postdoctoral fellow will be placed on unpaid leave of absence. To maintain insurance coverage, the postdoctoral fellow must assume full financial responsibility for health insurance premiums for themselves and their families.

By taking a leave of absence, it is asserted that the postdoctoral fellow will not be working in the laboratory without pay and that the fellow will return to work in the faculty mentor's lab at the conclusion of the period of extended leave designated above. *Electronic signatures are acceptable.*

Postdoc Signature: _____ Date: _____

Faculty Mentor Approval: _____ Date: _____

Business Manager Approval: _____ Date: _____

Postdoc Office Approval: _____ Date: _____

If not approved, reason is: _____

Contact information for postdoc while on extended leave: _____

Please contact the Postdoc Office if you have questions:

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