



Educational and Professional Leave without Pay

Educational and Professional Leave without Pay

Instructions:

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 \_\_\_\_\_

Extended Leaves of Absence? If YES, identify dates & type of leave \_\_\_\_\_

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

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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.

Postdoctoral Associate \_\_\_\_\_ Date \_\_\_\_\_

Approved By:

Vice President for Research \_\_\_\_\_ Date \_\_\_\_\_

Chancellor \_\_\_\_\_ Date \_\_\_\_\_

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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 \_\_\_\_\_