



# POSTDOCTORAL SCHOLAR EXPERIENCE EXCEPTION REQUEST

### Exception Request: Extraordinary Circumstances

In accordance with the definition of a Postdoctoral scholar, exceptions to the limit of five years of postdoctoral experience may be granted under extraordinary circumstances. To request an exception under this provision, complete this form in its entirety. Please note—**this form should be used for a single exception only** and is identified by the Academic HR control number. If you have questions, please contact your Academic HR Business Partner. (**Note:** for requests related to a leave for family care and/or personal illness, use the “Exception Request: Extraordinary Circumstances for Family Care and/or Personal Illness” form).

### INSTRUCTIONS

#### Step 1- Complete the form

- The unit administrator or representative should complete this form in its entirety and attach required documentation.

#### Step 2- Submit to Academic HR for review

- Upon approval, AHR will send back approved form.

#### Step 3- Upload visa request (if applicable)

- The approved form must be uploaded with the visa request.

#### Step 4- Attach to appointment packet

- Approved forms must be included in the appointment packet for the postdoctoral scholar.

### REQUIRED DOCUMENTATION

- Proposed reappointment letter w/ job description
- CV/Resume
- Postdoctoral Scholar Data Sheet

Employee Name		EID	
Academic Appointing Unit			
School/College/Campus			
Current Postdoctoral Scholar Title			
Current Appointment End Date			
Total number of months as a postdoctoral scholar (Combined at UW and other institutions)			
Proposed (new) Appointment End Date			
Is this request related to a significant disruption in training and research due to COVID-19? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Based on the best information available at this time, do you anticipate full funding for the reappointment of this postdoctoral scholar for the duration of the proposed extension? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please attach any and all details that support the request. <b>DO NOT DISCLOSE MEDICAL INFORMATION</b>			

I certify that all information provided in this form is complete, true, and correct to the best of my knowledge:

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Name Title Date

### Contact Information

Email		Phone Number	
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### Dean's Office Approval (required)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Submission Instructions:** Email forms to Academic HR at [acadpers@uw.edu](mailto:acadpers@uw.edu) for processing. Forms will be returned to the email above unless noted otherwise. Incomplete submissions will result in a denial.

### ADMIN USE ONLY

Approved

Denied

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Academic HR Control #