



# POSTDOCTORAL SCHOLAR EXCEPTION REQUEST FORM

## Exception Request for Circumstances Applicable During Transition Period

**Through July 30, 2020 only**, very limited circumstances (that are applicable during the transition period) may be considered for extensions to the total appointment length. These exceptions will be considered on a case-by-case basis by Academic HR in its sole discretion. **Use the [linked form](#) to request leave based exceptions.**

### 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 acting faculty member.

### 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			
Please provide details to justify and support the request (if you require additional space, please upload a separate sheet.) <b>DO NOT DISCLOSE MEDICAL INFORMATION</b>			

I certify that all information provided in this form is 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 (if required)

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

**Submission Instructions:** Email forms to Academic HR at [acadpers@uw.edu](mailto:acadpers@uw.edu) for processing (please do not print and scan). Forms will be returned to the email above unless noted otherwise.

#### ADMIN USE ONLY

- Approved  
 Denied

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