



POSTDOCTORAL SCHOLAR EXCEPTION REQUEST FORM

Exception Request for Circumstances Applicable During Transition Period

Through June 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 form for Family care and/or personal illness 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.) DO NOT DISCLOSE MEDICAL INFORMATION			

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 for processing (please do not print and scan). Forms will be returned to the email above unless noted otherwise.	
ADMIN USE ONLY <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reviewed by: _____ Date: _____