

## **Educational and Professional Leave without Pay**

Instructions:			
by email to opa@uga.edu.	Sen	d the complete package to Office of Postdoctoral Affairs	
by circuit to <u>opue ugu.cuu</u> .	SECTIO	SECTION A	
Postdoc Name & Email:			
Postdoc School/College & Dept/Unit:			
Postdoc's Supervisor/Research Mentor Name & Email:			
Name of Fellowship/External Funding Sponsor and Dat	es of Award: _		
Requested Leave Period: START DATE	and END	and END DATE	
Extended Leaves of Absence?	If YES, ic	entify dates & type of leave	
AGREEMENT: I, the undersigned Postdoctoral Asso •	ociate, do her	eby certify and agree to the following:	
. , , , , , , , , , , , , , , , , , , ,		I acknowledge that I apployee contribution to my benefits. Contact your unit I issue invoices to me from time to time, which I agree to	
Postdoctoral Associate	Date		
Approved By:			
Vice President for Research Date			
Chancellor	Date		

## **Educational and Professional Leave without Pay**

Instructions:	
by email to <u>opa@uga.edu</u> .	Send the complete package to Office of Postdoctoral Affairs
	SECTION B
Postdoc Name:	
Postdoc's Supervisor/Research Mentor Name & Email:	
Department Head Name & Email:	
Requested Leave Period: START DATE	and END DATE