

VOLUNTARY REDUCTION IN APPOINTMENT PERCENTAGE POSTDOCTORAL SCHOLAR

POSTDOCTORAL SCHOLAR CERTIFICATION AND REQUEST:

I am writing to certify that I am unable to maintain a one hundred percent (100%) commitment for reasons of:

I certify that I have taken into account my extramural funding agency requirements, if any, and that my extramural funding agency does not forbid a reduction to my full-time commitment.

I request a _____ % reduction in my appointment as a Postdoctoral Scholar -
for the period beginning _____ and ending _____ .

I understand that this request will change my current 100% appointment, and that this change is to be effective for the dates _____ through _____*.

I understand that all other terms and conditions of my appointment will remain unchanged and that this appointment is contingent upon the continued availability of funding.

Signature of Postdoctoral Scholar _____ Date _____

POSTDOCTORAL SCHOLAR AND FACULTY MENTOR AGREEMENT REGARDING REDUCTION AND RESPONSIBILITIES:

Article 24 (Time and Effort Commitment) requires the faculty mentor and postdoctoral scholar to sign a written agreement specifying the reduction in hours of work and concomitant responsibilities when the postdoctoral scholar requests a reduction in their full-time commitment for reasons of health, family responsibilities, or employment external to the University.

Reduction in Hours of Work	Reduction in Concomitant Responsibilities

Signature of Postdoctoral Scholar _____ Date _____

Signature of Faculty Mentor _____ Date _____

*The faculty mentor acknowledges that in the event that the reasons of health, family responsibilities, or employment external to the University end prior to the end date specified in this document, the faculty mentor is responsible for the funding required to support the postdoctoral scholar's full-time 100% appointment