Request for Extension of Employment of a Postdoctoral Research Associate

Requests for extensions of employment for postdoctoral research associates require the completion of three components:
(1) Information Form; (2) Supporting Documents; and (3) Signature Page.

1. Information Form:
Please provide the information requested in the fillable form, below. Note that requests must be approved by the appropriate dean, vice president, or designee prior to submission to the Office of Graduate and Postdoctoral Affairs (see information on Signature Page, below).

2. Supporting Documents:
Please attach to this form: (A) the research associate’s current CV; and (B) a supporting statement of no more than one page in length, that provides a rationale for the extended period of training.

Supporting statements must be authored jointly by postdoc and mentor and must clearly indicate the desired career goal and the training related milestones established for meeting that goal. The stated career goal may include a range of outcomes such as: tenure track position at a research-intensive university; staff scientist position in country of origin; industry research; biotech startup, etc., but should be specific enough to address through the stated training milestones (e.g. submission of journal publications, proposal development, mastering new techniques; teaching-related experience; and/or other professional development activities).

Postdocs and mentors in the School of Medicine who are using the SoM IDP Process and annual evaluation, may submit the answers to questions 9 and 10 from their most recent annual evaluation in lieu of the supporting statement provided that they satisfy the requirements for the supporting document stated above.

3. Signature Page:
Postdocs and their mentors must verify via signature that they have discussed and agreed upon the submitted training plan. Approval for the requested extension must also be granted in signature by the department and appropriate dean/vice president (or designee) before submission to the Office of Graduate and Postdoctoral Affairs.

Completed requests should be submitted by the appropriate dean/vice president (or designee) to the Office of Graduate and Postdoctoral Affairs by e-mail to postdoc@virginia.edu. Requests should be submitted at least two months prior to the expiration of the current appointment. Decisions may be expected within 10 working days from the initial date of receipt.
1. Information Form

Year of Training Requested

- [ ] 4th Year
- [ ] 5th Year
- [ ] 6th Year
- [ ] 7th Year

Name of Research Associate: ____________________________  UVA Email ID: ____________________________

Name of Faculty Mentor: ____________________________  UVA Email ID: ____________________________

Department / Unit: ____________________________

Research Administrator/HR Specialist: ____________________________

Dean’s Office Contact: ____________________________

Original Start Date (including any assignments as a postdoctoral fellow): ____________________________

Current Total Years/Months of Service: ____________________________

Start Date of Extension: ____________________________

End date of Extension: ____________________________
3. **Signature Page:** The undersigned certify that they have met to discuss training- and career-related goals and are in agreement, at this point in time, on a plan to achieve such goals, while recognizing that such goals may change during the extension period.

_________________________________________________________  ____________________________
Postdoctoral Research Associate                                       Date

_________________________________________________________  ____________________________
Faculty Mentor (Principal Investigator/Supervisor)                   Date

The undersigned approve this request for submission to the Office of Graduate and Postdoctoral Affairs (OGPA).

_________________________________________________________  ____________________________
Department/Unit Head (or designee) Name & Signature                   Date

_________________________________________________________  ____________________________
Dean and/or Vice President (or designee) Name & Signature           Date

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**For use by the Office of Graduate and Postdoctoral Affairs**

Approved □

Denied □   Reason(s):  

_________________________________________________________  ____________________________  ____________________________
Vice Provost for Academic Affairs (or designee) Name and  Date