Application for Detached Duty

To be completed by the Postdoctoral Scholar intending to be out of residence for more than 3 weeks.

1. Name: _____ Division: _____

2. Length request of detached duty:

   Start date: _____ End Date: _____

3. Reason for detached duty:

   _____
   _____
   _____

4. Location during this period will be:

   _____
   _____
   _____

   Signature: _____ Date: _____
          Postdoctoral Scholar

5. APPROVED BY:

   Signature: _____ Date: _____
          Division Chairman

   Signature: _____ Date: _____
          Scholar and Staff Services, Human Resources

(For Human Resources use only)

☐ COI Date: ☐ Oracle Update   ☐ Location Out of State
    ___/___/___   ☐Y   ☐N

                                 ☐ Benefits email   ☐ Payroll email