

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 Chair

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

(For Human Resources use only)

COI Date: _____ Visa Status: _____ Location: _____

Location change Request by:

- ☐ Scholar
☐ Division

Checklist:

- ☐ Oracle Update
☐ Copy to Benefits
☐ Email Payroll

UID#: _____