Postdoctoral appointments at Washington University School of Medicine may be made on a temporarily reduced schedule basis only for extenuating circumstances such as personal, medical or family issues. Reduced schedule appointments must be at 50% FTE or greater and cannot exceed one year in duration. Reduced schedule status will only be allowed one time during a postdoctoral training period.

**Request Process**
The postdoctoral appointee and the faculty supervisor/PI must both agree in writing to a reduced schedule appointment. The faculty supervisor or postdoc should fill out and submit the “Request Form for Postdoctoral Appointments on a Temporarily Reduced Schedule” to the Postdoc Policy Review Committee in advance of the appointment. This request should clearly define the number of hours to be spent in training, the responsibilities involved, the dates of the reduced-time appointment and the salary or stipend amount. This request must be signed by the faculty supervisor/PI, the postdoctoral appointee and department head. Since postdoctoral positions are training positions, the postdoctoral appointee must still have time for career and professional development activities. If the postdoctoral appointee receives any outside funding, the change to a reduced schedule position must be approved in advance by the extramural sponsoring agency.

**Salary or Stipend Amounts**
The reduced-time minimum salary or stipend amount will be calculated as a percentage of the full-time minimum salary or stipend amount equal to the reduced schedule percentage of the position. The reduced schedule salary or stipend must be equal or greater to this calculated amount.

**Term limits**
The five year term limit for postdoctoral training is still in effect for reduced schedule positions and will not be extended.

**Benefits**
Temporarily reduced schedule postdoctoral appointees will be eligible for the standard postdoctoral benefit package as maintained by the Human Resources department.
Request Form for a Temporarily Reduced Schedule Postdoctoral Appointment

Form updated Updated July 2011

Boxes will expand to accommodate longer entries.

Name of Postdoc: _____

Postdoc email: _____         Postdoc Phone: _____         Campus Box: _____

Department (& Division, if applicable): _____

Name of Faculty Supervisor/PI: _____

PI email: _____             PI Phone: _____

Amount of Prior Postdoc Experience at Other Institutions (years & months): _____

WU Initial Appointment Date: _____         Current Postdoc End Date: _____

Postdoc’s current title: □ Postdoctoral Research Scholar or □ Postdoctoral Research Associate

What is the current source of funding? (grant, fellowship, etc.) _____

Postdoc currently receives a □ Salary or a □ Stipend - Current Amount: _____

What will be the reduced schedule source of funding? (grant, fellowship, etc.) _____

Will receive a □ Salary or a □ Stipend - Reduced amount: _____

Requested begin date of reduced appointment: _____

Requested end date of reduced appointment: _____

Total number of hours per month to be spent in training* _____

(*This should include time spent in career and professional development activities.)

Please attach a letter to this form detailing the reason for the request and a description of reduced responsibilities during this time.

By signing below, both the faculty supervisor/PI and postdoc agree that they have discussed and mutually agreed to the request to temporarily reduce the postdoc’s schedule for the time period listed.

_________________________________________  ______________________________________
PI Signature                        Postdoc Signature

_________________________________________
Dept Head signature

(for Internal Medicine, Division Chief may sign)

For review by the Postdoc Policy Review Committee, please send all documents to:
The Office of Postdoctoral Affairs via email to postdoc@wustl.edu, please forward the original form with the original signatures via campus mail as well. We recommend that you keep a copy of all documents for your files.