

UNIVERSITY SYSTEM OF GEORGIA

Recommendation for
Leave of Absence from _____

Name of Institution

Name

ADP ID

Date Employed

Rank or Title

College or Division

Department

Current Salary

Contract Type

Position Number

No. Semesters Service to Date

Period and type of leaves granted previously _____

Effective date and period of leave now recommended _____

Purpose of leave and name of institution if for advanced study

State funds: \$ _____ ; Federal funds \$ _____ ; Other \$ _____

AGREEMENT: I, the undersigned petitioner for leave, do agree that I will return the full amount of compensation received from the institution while on leave if I should not return to the institution for at least one year of service after the termination of my leave.

Leave recommended by:

Department Chair

Date

Dean

Date

Provost

Date

President

Date

All awards of leave are subject to the availability of funds for the academic year.