RECOMMENDATION FOR LEAVE OF ABSENCE FORM

Georgia State University
University System of Georgia

Name:				**Title:**	
Employee ID #:				**Date Employed (mm/yy):**	
College:				**Department:**	
Tenure Status:	☐ Tenured		☐ Tenure-track		☐ Non-tenure track
Current salary:			**Contract type** (check one):		☐ AY ☐ FY
Budget page:		**Position Number:**			**Number of academic terms of service:**
Previous leaves:	**From:**		**To:**		**Type/Reason:**
	From:		**To:**		**Type/Reason:**
	From:		**To:**		**Type/Reason:**
New leave request:	**From:**		**To:**		**Type** (check one): ☐ With Pay ☐ Without Pay
Purpose of leave summary :					
Tenure Clock Stoppage Requested? No: ☐ Yes: ☐ Acad Year? _____					
Leave-related external funding (attach funding proposal):	**Funding agency/source:**			**Funding type** (e.g., course buyout, travel & living expenses, research support):	
	Status (check one):	☐ Funded	☐ Pending	☐ Not funded	

AGREEMENT: I, the undersigned petitioner for leave, do hereby agree that I shall 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.

Petitioner's signature:	Date:

Leave recommended by:	Signature:	Date:
Head of Department:		
Dean of School or College:		
Vice President for Business and Finance:		
Vice President for Academic Affairs/Instruction:		
President:		