

RECOMMENDATION FOR FACULTY 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
Type of Leave: (required)	Professional Personal	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/Promotion 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, benefit costs, and any other expenses paid for or received from the University System of Georgia while on leave if I should not return to the institution for a period of at least: 1) one year (if the leave is less than one year); or 2) two years (if the leave is one year or more).			
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:			