



Human Resources & Payroll
4400 University Drive, MS 3C3, Fairfax, Virginia 22030
Phone: 703-993-2600; Fax: 703-993-2601

**STAFF STUDY LEAVE
MEMORANDUM OF AGREEMENT**

In return for the paid Staff Study Leave from _____ to _____, I,
_____ hereby state my intent to remain an employee of George
Mason University for a period of twelve months following completion of the leave. I enter into
this agreement freely and understand that this obligation will not be reduced by any job or
assignment change during the agreed upon period.

I also agree that if I voluntarily terminate my employment prior to the completion of the twelve
months, that I will be required to reimburse the University for the pro-rata share of the
compensation received during the staff study leave. The pro-rata share cost will be determined
by dividing the total compensation for the study leave by twelve to determine the monthly
cost. The number of whole months remaining in the agreement will be multiplied by the
monthly cost to determine the remaining financial obligation.

Employee Signature: _____ Date: _____