



University of Georgia Faculty Leave of Absence Request
Form A - Completed by Requesting Faculty Member and Unit Head

Instructions: The following documents must be submitted to Office of Faculty Affairs: 1) Completed Faculty Leave of Absence Request Forms A, B & C with all signatures, 2) Faculty Member's Written Request, 3) Current CV, and 4) Supporting documentation (as applicable such as inter-institutional contract, agreement letter from agency/institution, notification letter for award of fellowship). Forward the complete package of documents to Office of Faculty Affairs, 225 New College, Campus Mail for review and approval.

FACULTY MEMBER INFORMATION

Name: Rank Title:
School/College/Admin Unit: Department:
UGA Employment Date: Current Salary: \$ Contract Type:
Previously Granted Leave of Absence (include leave of absence type(s) and dates)

CURRENT LEAVE OF ABSENCE REQUEST INFORMATION

Dates From: / / To: / / Leave of Absence is Recommended:
Location of Leave of Absence:
Institution/Company/Organization, City, State, Country

Purpose of Leave of Absence: (Do Not State "See Attached")

*COMPLETE THIS SECTION IF REQUESTING LEAVE OF ABSENCE WITH PAY

Salary at time of Leave of Absence (If two salaries during leave period, include both): Salary-1 \$ Salary-2 \$
Total Amt of Proposed Pay Through UGA Payroll During Leave Period \$ Proposed Amount of Pay is:
If leave of absence is with partial pay, the above proposed amount is equivalent to: % of salary and EFT

AGREEMENT: I, the undersigned petitioner for leave with pay for less than one year, do hereby agree to return to the institution for at least one year, OR that, for a leave with pay of one year, do hereby agree to return to the institution for at least two years of service after the termination of my leave. I further agree to return the full amount of compensation received from the institution and any other expenses paid by the institution while on leave, including benefits costs, if I should not return to the institution after the termination of my leave.

Signed: Date:

**COMPLETE THIS SECTION IF REQUESTING LEAVE OF ABSENCE WITHOUT PAY

AGREEMENT: I, the undersigned petitioner for leave without pay, do hereby agree to return the full amount of any expenses paid by the institution, including benefits costs, while on leave if I should not return to the institution after the termination of my leave.

Signed: Date:

RECOMMENDED BY: Faculty Member's Unit Head Date