



The University of Georgia

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 with 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: _____ mm/dd/yyyy 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 Amt of Pay is: _____

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 for the full amount of time as specified here. I certify that this leave is for a visiting/temporary position.

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. I certify that this leave is for a visiting/temporary position.

Signed: _____ Date: _____

APPROVED BY: (*BOR policy requires Chancellor's final approval for any leave of absence beyond one year*)

Senior Vice President for Academic Affairs & Provost

Date