

**University System of Georgia
Recommendation for Leave of Absence**

From Georgia Institute of Technology

_____ Name	_____ Social Security Number	_____ Institute Hiring Date	
_____ Rank or Title	_____ School, College or Division	_____ Department	
\$ _____ Current Salary	_____ Contract	_____ Budget Position	_____ # of Semesters to Date

Period and type of Leaves Granted Previously: _____

Effective Date and Period of Leave Now Recommended: _____

Purpose of Leave (Name Institution if for Advanced Study): _____

It is recommended that leave be granted with pay, or without pay.
If with pay, indicate total amount: \$ _____, divided as follows
State Funds: \$ _____ Federal funds: \$ _____ Other: \$ _____

Agreement:
I, the undersigned petitioner for leave, do hereby agree that I will return the full amount of compensation received from the institution while on leave with pay if I should not return to the Institution for a least one year of service after the termination of my leave.

Signature: _____

Leave Recommended By:

_____ Head of Department or Division	_____ Date
_____ Dean	_____ Date
_____ Assoc. Vice President for Human Resources	_____ Date
_____ President	_____ Date