



FACULTY LEAVE OF ABSENCE REQUEST FORM

Name: _____ Employee ID: _____ Institute Hire Date: _____

Title: _____ Current Salary: _____ Position #: _____

College/School/Department Name: _____ Employee Type: _____

Effective Date/Period of Leave Requested: _____ to _____ Type of Leave Requested: _____

Location While on Leave: _____ Continue Benefits? Yes No

Purpose of Leave:

How will teaching and/or administrative duties be handled?

Is the employee PI on any sponsored funds? Yes No

If so, has the absence been cleared with through OSP? Yes No

If the request is for educational leave, it is recommended that the leave be granted as a:

Leave without pay

Leave with pay in the amount of \$ _____

Partial leave with a ___% commitment to Georgia Tech and a salary of \$ _____

Pay will be divided as follows: State funds: \$ _____ Federal Funds: \$ _____ Other: \$ _____

Previous leaves taken:

Date Began:	Date Returned:	Type

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

Employee Signature: _____ Date: _____

This form, which is to be completed by the employee, must be routed in GT-TRACS for approval by the Supervisor/Chair, Dean, and Vice Provost for Graduate Education and Faculty Development prior to the leave beginning. If the request is for longer than one year, or is a request to extend a current leave of absence more than a year, the request must also be approved by the Provost and Chancellor.