

INSTRUCTIONS

RECOMMENDATION FOR FACULTY LEAVE OF ABSENCE

College of Arts and Sciences
Georgia State University

Faculty Requestor:

1. Complete, print and sign the recommendation for leave of absence form.
2. Electronic Faculty leave of absence form can be found here:
<http://faculty.gsu.edu/files/2015/04/Leave-of-Absence-Form.pdf>.
3. Attach a current CV.
4. Attach any relevant supporting documentation to justify the leave of absence.
5. Attach a copy of any proposal or award document.
6. Submit form to your Chair/Director for signature and approval.

Chair/Director:

1. Review and sign the form.
2. Attach a detailed, signed recommendation memo from you addressed to your Area Associate Dean. Place a signature line for the Area Associate Dean on the recommendation memo.
3. Submit the form and attachments to your department/school HR representative.

Department/School HR Representative:

1. Review the leave of absence form to assure all required information is entered.
2. Keep a copy of the leave of absence form and supporting documents for your records.
3. Submit the leave of absence form and all supporting documents to the College Faculty Coordinator (Ann Pavlik) in Administrative Services, 730 Langdale Hall.

Approval Notification:

The College Faculty Coordinator will forward the leave of absence packet for review and approval for both the College and the University signators. When full approval is received, the department/school and the requestor will be notified by email with a pdf copy of the fully approved leave of absence packet attached.

RECOMMENDATION FOR LEAVE OF ABSENCE FORM

Georgia State University University System of Georgia

Name:		Title:	
Employee ID #:		Date Employed (mm/yy):	
College:		Department:	
Tenure Status:	<input type="checkbox"/> Tenured	<input type="checkbox"/> Tenure-track	<input type="checkbox"/> Non-tenure track
Current salary:		Contract type (check one):	<input type="checkbox"/> AY <input type="checkbox"/> FY
Budget page:		Position Number:	
Previous leaves:	From:	To:	Type/Reason:
	From:	To:	Type/Reason:
	From:	To:	Type/Reason:
New leave request:	From:	To:	Type (check one): <input type="checkbox"/> With Pay <input type="checkbox"/> Without Pay
Purpose of leave summary :			
Tenure Clock Stoppage Requested? No: <input checked="" type="radio"/> Yes: <input type="radio"/> Acad Year? _____			
Leave-related external funding (attach funding proposal):	Funding agency/source:		Funding type (e.g., course buyout, travel & living expenses, research support):
	Status (check one): <input type="checkbox"/> Funded <input type="checkbox"/> Pending <input type="checkbox"/> Not funded		
AGREEMENT: I, the undersigned petitioner for leave, do hereby agree that I shall return the full amount of compensation received from the institution while on leave if I should not return to the institution for at least one year of service after the termination of my leave.			
Petitioner's signature:			Date:
Leave recommended by:		Signature:	Date:
Head of Department:			
Dean of School or College:			
Vice President for Business and Finance:			
Vice President for Academic Affairs/Instruction:			
President:			