RECOMMENDATION FOR
LEAVE OF ABSENCE FROM AUGUSTA STATE UNIVERSITY

Name	927 Number	ADP Employee Number	Institute Hire Date

Title	College or Department	Current Salary

Contract Type	Budget Position Number	Number of Semesters Worked

Period and Type of Leaves Granted Previously:_____

Effective Date and Period of Leave Now Recommended: _____

Purpose of Leave:_____

_____

It is recommended that leave be granted [ ] with pay or [ ] without pay.

If with pay, for what total amount: $_____, funded from:_____

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 from at least one year of service after the termination of my leave.

Signature:_____ Date_____

Leave Recommended By:

Head of Department	Date
Dean	Date
Vice President for Business Operations	Date
Vice President for Academic Affairs	Date
President	Date