

## Faculty Change in Status Acknowledgment Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

Empl ID: \_\_\_\_\_ Date: \_\_\_\_\_

### Change to Non-Tenure Track Classification

- I, the undersigned, request that my present position be reclassified as a non-tenure track position effective \_\_\_\_\_. I make this request freely and voluntarily, without any assurance of my retention, promotion, or reward by my superiors or others at this institution and understand this request may or may not be approved. I have received a copy of the Board of Regents Policy (803.08) for non-tenure track personnel.

Faculty Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean's Signature \_\_\_\_\_ Date \_\_\_\_\_

VP for Acad & Fac Affrs Signature \_\_\_\_\_ Date \_\_\_\_\_

EVP for Acad Affrs & Provost Signature \_\_\_\_\_ Date \_\_\_\_\_

### Leave of Absence with Pay Agreement (Educational, Academic, Personal ONLY)

LOA Purpose \_\_\_\_\_

Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

Pay Funding Information State \$ \_\_\_\_\_  
Sponsored \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_

I, the undersigned petitioner for leave, do hereby agree that I will return the full amount of compensations received from the Institution as well as any other expenses paid by the University System of Georgia while on leave, if I should not return to the Institution after the termination of my leave for (check applicable statement below):

- At least one (1) year of service for leave that is less than one (1) year  
 At least two (2) years of service for leave that is one (1) year or more

Compensation/Expenses of \_\_\_\_\_ to be paid to AU if faculty terminates prior to \_\_\_\_\_.  
Amount Date

Faculty Member's Signature \_\_\_\_\_ Date \_\_\_\_\_