

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 \(8.3.8\)](#) for non-tenure track personnel.

Faculty Member's Signature _____ Date _____

Department Chair Signature _____ Date _____

Dean's Signature _____ Date _____

Assoc Provost for 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 _____