



EDUCATIONAL LEAVE GRANT-IN-AID PROGRAM
REPLACEMENT PERSONNEL REPORT

DATE
DEPARTMENT FUND CODE
ORG CODE INDEX NO ACCOUNT CODE
CONTACT NAME/TITLE
CAMPUS ADDRESS PHONE
(NAME OF AWARD RECIPIENT) TO (PERIOD OF LEAVE)

USPS A&P FACULTY: AMOUNT OF FUNDS TRANSFERRED:

OPS/OTHER REPLACEMENT PERSONNEL: DATE OF EMPLOYMENT SALARY
NAME TITLE TO

THE (NAME OF DEPARTMENT) CERTIFIES THAT THE ABOVE INFORMATION IS ACCURATE AND UNDERSTANDS THAT ANY CHANGE IN THE STATUS OF REPLACEMENT PERSONNEL OR THE GIA AWARD RECIPIENT, AS INDICATED, WILL BE IMMEDIATELY REPORTED TO LINDA CENTO, ADMINISTRATIVE ASSISTANT, OFFICE OF INSTITUTIONAL EQUITY AND COMPLIANCE, EXT. 7405.

(AUTHORIZED SIGNATURE)
(TITLE)
(DATE)

For Office of Institutional Equity and Compliance use only:

Amount to be Funded: Approved By: Date:
Date Forwarded to Human Resources: Status Change: Yes No If Yes, State Reason:

ADOPTED: February 2007 by GIA Educational Leave Committee