



**UNIVERSITY OF
GEORGIA**
College of Pharmacy

Buyout Request Form

Please refer to College of Pharmacy Buyout Policies prior to submitting this form

Name: _____

Annual Salary: _____

Payroll:

Department: _____

Fiscal Year: _____

Academic Monthly

Submitted By: _____

Course(s): _____ F S

Source of Funding: _____

Total Buyout Request: _____

Buyout Period: _____

COMPLETED BY THE BUSINESS AFFAIRS OFFICE

Buyout Distribution

\$ _____ to Dept. Chartstring: _____

\$ _____ to PI Chartstring: _____

\$ _____ to College Chartstring: _____

Buyout Request

Approvals:

PI: _____

Instruction \$ _____

Research \$ _____

Department Head: _____

Service \$ _____

Sr. Director of Finance and Adm: _____

Total \$ _____

Dean: _____