



**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:
Academic Monthly

Department: _____

Fiscal Year: _____

Submitted By: _____

Course(s): _____ F S

Notes:

Source of Funding: _____

Total Buyout Request: _____

Buyout Period: _____

Buyout Request

Instruction \$ _____

PI:

Approvals:

Research \$ _____

Service \$ _____

Department Head:

Total \$ _____

Director of Finance and Adm:

COMPLETED BY THE BUSINESS AFFAIRS OFFICE
PRIOR TO APPROVAL SIGNATURES BEING OBTAINED

Buyout Distribution

Dean:

\$ _____ to Dept. Dept ID: _____

\$ _____ to PI Dept ID: _____

\$ _____ to College Dept ID: _____