



**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

Notes:

Source of Funding: \_\_\_\_\_

Total Buyout Request: \_\_\_\_\_

Buyout Period: \_\_\_\_\_

### Buyout Request

Instruction \$ \_\_\_\_\_

Research \$ \_\_\_\_\_

Service \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

Approvals:

PI: \_\_\_\_\_

Department Head: \_\_\_\_\_

Director of Finance and Adm: \_\_\_\_\_

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

**Buyout Distribution**

Dean: \_\_\_\_\_

\$ \_\_\_\_\_ to Dept. Chartstring: \_\_\_\_\_

\$ \_\_\_\_\_ to PI Chartstring: \_\_\_\_\_

\$ \_\_\_\_\_ to College Chartstring: \_\_\_\_\_