



Human Resources & Payroll
4400 University Drive, MS 3C3, Fairfax, Virginia 22030
Phone: 703-993-2600; Fax: 703-993-2601

**STAFF STUDY LEAVE
MEMORANDUM OF AGREEMENT**

In return for the paid Staff Study Leave from _____ to _____, I, _____ hereby state my intent to remain an employee of George Mason University for a period of twelve months following completion of the leave. I enter into this agreement freely and understand that this obligation will not be reduced by any job or assignment change during the agreed upon period.

I also agree that if I voluntarily terminate my employment prior to the completion of the twelve months, that I will be required to reimburse the University for the pro-rata share of the compensation received during the staff study leave. The pro-rata share cost will be determined by dividing the total compensation for the study leave by twelve to determine the monthly cost. The number of whole months remaining in the agreement will be multiplied by the monthly cost to determine the remaining financial obligation.

Employee Signature: _____ Date: _____