WC-102c ATTORNEY LEAVE OF ABSENCE GEORGIA STATE BOARD OF WORKERS' COMPENSATION

ATTORNEY LEAVE OF ABSENCE

Complete this form, and send to the State Board of Workers' Compensation, 270 Peachtree Street, N.W., Atlanta, Georgia 30303-1299												
I,												
· ·	I,(Attorney's Name)											
Mailing Address												
City									State	—	Zip Code	
Attorney E-mail									olato		GA Bar Number	
Atomey E-mail												
Do hereby	request that	at I be	granteo	d a leav	ve of absen	ce on cases i	n which I a	am c	ounsel of	rec	ecord for the following period(s) of time:	
		1		/		through		1		1	(year)	
	(month)		(day)		(year)	_ ,	(month)	_	(day)	-	(year)	
		/		/		through		/		/	(year)	
	(month)		(day)		(year)		(month)		(day)		(year)	
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	(month)	_ /	(day)	_ ′	(year)	through	(month)	<i>'</i> –	(day)	ʻ -	(year)	
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		/		/		through		/		1	(year)	
	(month)		(day)	_	(year)		(month)	_	(day)	-	(year)	
		/		/		through		/		/		
	(month)		(day)		(year)		(month)		(day)		(year)	

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT http://www.sbwc.georgia.gov WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).

