

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, _____
(Attorney's Name)

Address

City

State

Zip Code

Attorney E-mail

GA Bar Number

Do hereby request that I be granted a leave of absence on cases in which I am counsel of record for the following period(s) of time:

_____/_____/_____/ through _____/_____/_____
(month) (day) (year) (month) (day) (year)

_____/_____/_____/ through _____/_____/_____
(month) (day) (year) (month) (day) (year)

_____/_____/_____/ through _____/_____/_____
(month) (day) (year) (month) (day) (year)

_____/_____/_____/ through _____/_____/_____
(month) (day) (year) (month) (day) (year)

_____/_____/_____/ through _____/_____/_____
(month) (day) (year) (month) (day) (year)

_____/_____/_____/ through _____/_____/_____
(month) (day) (year) (month) (day) (year)

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(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.sbcw.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).