

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

ATTORNEY LEAVE OF ABSENCE

Complete this form, and mail it to the State Board of Workers' Compensation, 270 Peachtree Street, N.W., Atlanta, Georgia 30303-1299

I, _____
(Attorney Name)

(Address)

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 ____ / ____ / ____
____ / ____ / ____ through ____ / ____ / ____
____ / ____ / ____ through ____ / ____ / ____

ORDER

Upon consideration, the attorney's request for leave of absence for the above-named dates is granted. **This grant for leave of absence does not apply to cases presently calendared during this period, and applies only to court appearances.**

IT IS SO ORDERED, this _____ day of _____ / _____

Judge, State Board of Workers' Compensation

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).