**SABBATICAL LEAVE**

**Purpose:** Indicate Specific Purpose & Location Of Leave - Attach Detailed Leave Plan

Number Of Sabbatical Credits To Be Deferred: ____________________

**Compensation**
- [ ] 01 Full Salary
- [ ] 02 Partial Salary -> %
- [ ] 03 In Residence-Full Salary**

Other Sources Of UC And Non-UC Income While On Leave:

**If Sabbatical In Residence, List Courses, Hours, And, If Applicable, Clinical Instruction:**
Course Number/QTR: Full Responsibility For Courses?
Hours Per Week/QTR
Clinical Instruction/QTR:

**Period of Leave - Month, Date, Year**

Pay Period Of Leave From Through
Service Qtrs. Of Leave Fall Winter Spring Summer

**Disposition of Work**
(Include Names/Titles Of Individuals Teaching Applicant's Classes):
Applicant A Principle Investigator? Yes [ ] No [ ] Substitute [ ]
Sponsoring Agency Approved Substitute? Yes [ ] No [ ]

**Certification**
I hereby certify that I have read the Standing Order of the Regents and the Regulations of the President governing the award of sabbatical leaves and that I shall accept the requested leave if granted under the conditions set forth in these regulations and shall continue my service at the University following said leave for a period at least equal to the period of the leave.

**Remarks** (If Absence Includes Vacation, Indicate Dates Here):

**Employee Signature** Date

**Department Chair** Date

**Dean/Director** Date

**SVC** Date

**CEP Approval** (If Necessary)

**Remarks** (If Absence Includes Vacation, Indicate Dates Here):

RETN: Accounting: Syrs After Separation, Except in Cases of Disability, Retirement Or Disciplinary Action In which Cases Retain White. Other Copies: 6yrs After Separation.