**UC ANR Academic Human Resources (AHR)**

[**Sabbatical Leave**](http://ucanr.org/sites/anrstaff/files/119882.pdf) **– Request Form**

**Employee Name:**

**Title and Rank:**

**Leave Period:**

**Sabbatical Plan Attached**

Primary County Director Approval:

Date

Secondary County Director Approval *(if applicable)*:

Date

This sabbatical request was reviewed and **approved** by Academic Human Resources (AHR). It meets the criteria and expectations required to be considered for sabbatical leave. Please review the sabbatical plan for additional details.

This sabbatical request was **not approved** by Academic Human Resources (AHR). It does not meet the requirements and/or expectations needed to be considered for sabbatical leave. Please review the sabbatical plan for additional details.

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**Academic Human Resources Manager Date**

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**Vice Provost of Cooperative Extension Date**

**Approved by:**

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**Wendy Powers, ANR Associate Vice President Date**

Enclosures