

UC ANR ACADEMIC HUMAN RESOURCES (AHR)
Sabbatical Leave – Request Form

Employee Name: _____ Employee ID#: _____

Title and Rank: _____

Leave Period: _____

of Sabbatical Credit Used: _____ Suspend County Director Stipend? Yes No

Sabbatical Plan Attached

Primary County Director Approval: _____ Date: _____

Secondary County Director Approval: _____ Date: _____
(if applicable)

This sabbatical request was reviewed by Academic Human Resources (AHR). It meets the criteria and expectations required to be considered for sabbatical leave.

Reviewed by:

Academic HR Manager Signature Date

Vice Provost Signature Date

Approved by:

Associate Vice President Signature Date

Attachment

Rev. 11/22/2019