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)

Prior to submission to Academic Human Resources (AHR), sabbatical proposal shall be reviewed and consulted by the Contracts and Grants Office for grant management consultation and the Business Operation Center (BOC) for financial review.

Reviewed by:

Contracts & Grants Officer	Signature	Date
BOC/SWPR Financial Control	Signature	Date
Academic HR Manager	Signature	Date
Vice Provost	Signature	Date

Approved by:

Associate Vice President	Signature	Date