



SABBATICAL LEAVE REQUEST FOR CHANGE OF: TWO-SEMESTER LEAVE or MODIFICATION OF PROPOSAL

Those wishing to request a change of a two-semester (academic year) leave to one-semester leave or a modification of an original sabbatical proposal must complete this form and route for review and signature according to section 3.1.3 of the Sabbatical Leave Policy.

<https://sacramentostate.policystat.com/policy/11444180/latest/>

Name: _____ EMPLID: _____

College: _____ Department: _____

Two-Semester (Academic Year) Leave Awarded: Fall 20____ - Spring 20____
Requesting to Change to a One-Semester Leave for: Fall 20____ OR Spring 20____

OR

I am **ONLY** submitting a modification to my original sabbatical proposal: Yes _____ No _____

** Changes to the term of one-semester leave requests may not be done via this form. Please use the designated form located at <https://www.csus.edu/academic-affairs/faculty-affairs/internal/forms.html> for procedure and request**

Briefly indicate the reason for the requested change: (Attach amended proposal - REQUIRED)

By signing below, I understand this is a **requested** change and must be approved by the Provost prior to the change being implemented.

Signature of Requester

Date

RECOMMENDATION OF DEPARTMENT CHAIR/DIRECTOR:

The applicant's request for change has been reviewed.

____ Recommend Approval

____ Do NOT Recommend Approval

Department Chair/Director Name

Signature

Date

Comments:

Requester Name: _____
Department: _____

RECOMMENDATION OF DEAN/ADMINISTRATOR:

The applicant's request for change has been reviewed.

_____ Recommend Approval _____ Do NOT Recommend Approval

Dean/Administrator Name

Signature

Date

Comments:

****Please forward completed request form with Dean & Department Chair signatures to the Office of Faculty Affairs (OFA) email address at facultyaffairs@csus.edu. OFA will then forward requests to the Sabbatical Leave Committee and Provost for review and send notification of the final decision.**

RECOMMENDATION OF SABBATICAL LEAVE COMMITTEE:

The applicant's request for change has been reviewed.

_____ Recommend Approval _____ Do NOT Recommend Approval

Sabbatical Leave Committee Chair

Signature

Date

Comments:

DECISION OF PROVOST (as President's Designee):

The applicant's request for change has been reviewed.

_____ Recommend Approval _____ Do NOT Recommend Approval

Provost

Signature

Date

Comments:

c: Dean
 Department Chair
 Employment file