



SABBATICAL LEAVE REQUEST FOR CHANGE OF: ONE-SEMESTER LEAVE

Those wishing to request a change in their APPROVED one-semester leave 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: _____

Semester of Leave Awarded: **Fall 20** _____ **Spring 20** _____

Requesting to Change to: **Fall 20** _____ **Spring 20** _____

****Changes to Academic Year 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 additional documentation if applicable)

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