



SABBATICAL OR DIFFERENCE-IN-PAY LEAVE: REQUEST FOR CHANGE IN LEAVE TYPE OR TERM

Those wishing to request a change in their APPROVED leave plans (either the type of leave or their leave period) must complete this form. Complete the below request form and submit to your department for review.

Name: _____ EMPLID: _____

College: _____ Department: _____

Type of Leave Originally Awarded:

Sabbatical:	<input type="radio"/> One Semester (full pay)	<input type="radio"/> Academic Year (half pay)	
Difference-in-Pay:	<input type="radio"/> One Semester	<input type="radio"/> Academic Year	
Period of Leave:	Fall 20__	Spring 20__	Academic Year_____

Requested Change:

Sabbatical:	<input type="radio"/> One Semester (full pay)	<input type="radio"/> Academic Year (half pay)	
Difference-in-Pay:	<input type="radio"/> One Semester	<input type="radio"/> Academic Year	
Period of Leave:	Fall 20__	Spring 20__	Academic Year_____

*NOTE: It is not possible to change from an AY 1/2 pay sabbatical or DIP to a one-semester full-pay sabbatical, as one-semester full-pay sabbaticals are ranked, and they have a fall deadline.

Briefly indicate the reason for the requested change:

[Empty text box for reason for requested change]

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

Signature of Requester

Date

Requester Name: _____
Department: _____

RECOMMENDATION OF DEPARTMENT CHAIR / DIRECTOR:

The applicant's request for change has been reviewed.

- I Recommend Approval I Do Not Recommend Approval

Department Chair / Director	Signature	Date
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Comments: _____

RECOMMENDATION OF DEAN/ADMINISTRATOR:

The applicant's request for change along with the recommendation of the Department Chair/Director has been reviewed.

- I Recommend Approval I Do Not Recommend Approval

Dean / Administrator	Signature	Date
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Comments: _____

▶ **Forward completed request form with all signatures above to the Office of Faculty Advancement (OFA), Sacramento Hall 155 or via campus mail to zip 6136. OFA will then forward requests to the Provost for review and will send notification of the decision.**

▶ *For questions, please contact the Office of Faculty Advancement at x82913.*

DECISION OF PROVOST (as President's Designee)

- Approved Not Approved

Provost - Vice President for Academic Affairs	Signature	Date
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Comments: _____

C: Dean
 Department Chair
 Personal File