

## UC ANR ACADEMIC HUMAN RESOURCES (AHR)

### Sabbatical Leave – Request Form

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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