

**UCSD PAYROLL/PERSONNEL
ACADEMIC LEAVE OF ABSENCE/SABBATICAL
UPAY 573-6 (R1/91)**

Employee I.D. #	Date Prepared	Prepared By	Mail Code	Phone Number
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Name (Last, First, Middle Initial):	Department:	Title:
Address While On Leave (To change w-2 or check address - use form UPAY 544):	Appointment End Date (If Any):	

SABBATICAL LEAVE*

Purpose: Indicate Specific Purpose & Location Of Leave -Attach Detailed Leave Plan

Number Of Sabbatical Credits To Be Deferred: _____

Purpose

04 Pregnancy Disability
 05 Extended Illness
 06 Gov't Public SVC
 07 Prof. Devel.
 08 Personal
 09 Workers' Comp (WOS)
 10 Furlough
 11 Military

12 Special Research
 13 Admin
 15 FMLA Without Pay
 16 FMLA With Pay
 19 Parental
 19 Other (Including Leave in Lieu of Sabbatical)

Indicate Specific Purpose Of Leave And Location While On Proposed Leave:

Compensation

01 Full Salary
 02 Partial Salary --> _____ %
 03 In Residence-Full Salary**

Other Sources Of UC And Non-UC Income While On Leave:

Compensation

No Salary
 Full Salary
 Other _____ %

Other Sources Of UC & Non-UC Income While On Leave (If None, Please So State):

**If Sabbatical In Residence, List Courses, Hours, And, If Applicable, Clinical Instruction:

Course Number/QTR: _____ Full Responsibility For Courses? _____

Hours Per Week/QTR: _____

Clinical Instruction/QTR: _____

Period of Leave - Month, Date, Year

Pay Period of Leave: From _____ Through _____

Service Qtrs. Of Leave: Fall Winter Spring Summer

Period of Leave - Month, Date, Year

Pay Period Of Leave: From _____ Through _____

Service Qtrs. Of Leave: Fall Winter Spring Summer

Is This An Extension Of A Previous Leave? Yes No

If Yes, Indicate Original Dates Of Leave: From _____ Through _____

Disposition of Work
(Include Names/Titles Of Individuals Teaching Applicant's Classes):

Applicant A Principal Investigator? Yes No Substitute _____

Sponsoring Agency Approved Substitute? Yes No

Disposition of Work
If Yes, List Course Number(s) _____

Name/Title Of Individual(s) Covering Course(s) _____

(Including Administering Final Exam, If Applicable)

Applicant A Principal Investigator? Yes No Substitute _____

Sponsoring Agency Approved Substitute? Yes No

Certification

I hereby certify that I have read the Standing Order of the Regents and the Regulations of the President governing the award of sabbatical leaves and that I shall accept the requested leave if granted under the conditions set forth in these regulations and shall continue my service at the University following said leave for a period at least equal to the period of the leave.

Remarks (If Absence Includes Vacation, Indicate Dates Here):

Employee Signature	Date	Dean/Director	Date
Department Chair	Date	SVC	Date

For APO Use Only CEP Approval (If Necessary)	Number of Service Days:
Personnel	Other
Date	Date

RETN: Accounting: 5yrs After Separation, Except in Cases of Disability, Retirement Or Disciplinary Action In which Cases Retain White. Other Copies: 6yrs After Separation

For all Leaves without Pay - You must opt-out or make arrangements to pay your premiums directly to Payroll. Please initial to indicate you understand the require

Initials: _____