

UC ANR Academic Human Resources (AHR) Sabbatical Leave – Request Form

Employee Name: _____

Title and Rank: _____

Leave Period: _____

Suspend County Director Stipend? Yes No

Sabbatical Plan Attached

Primary County Director Approval Date

Secondary County Director Approval *(if applicable)* Date

This sabbatical request was reviewed and **approved** by Academic Human Resources (AHR). It meets the criteria and expectations required to be considered for sabbatical leave. Please review the sabbatical plan for additional details.

This sabbatical request was **not approved** by Academic Human Resources (AHR). It does not meet the requirements and/or expectations needed to be considered for sabbatical leave. Please review the sabbatical plan for additional details.

Academic Human Resources Manager **Date**

Vice Provost **Date**

Approved by:

Wendy Powers, ANR Associate Vice President **Date**