



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://www.csus.edu/umannual/acad/aca-0149.htm

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-advancement/internal/forms.html for procedure and request.

Briefly indicate the reason for the requested change: (Attach additional documentation if applicable)

[Empty box for reason for requested change]

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:

[Empty box for comments]

Requester Name: _____ Department: _____
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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 Advancement (OFA) email address at faculty.advancement@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