



PAYROLL/PERSONNEL
SABBATICAL LEAVE / SPECIAL LEAVE OF ABSENCE
UPAY573 (R1/04)

web page

1. CAMPUS		2. EMPLOYEE ID NO.		3. DATE PREPARED MO DY YR	
4. NAME (Last, First, Middle Initial)			5. PERSONNEL PROGRAM <input type="checkbox"/> ACADEMIC <input type="checkbox"/> STAFF		
6. ADDRESS WHILE ON LEAVE			7. DEPARTMENT		
			8. TITLE		

9. TYPE OF LEAVE (Check appropriate box and Complete specified Sections indicated for SABBATICAL or LEAVE OF ABSENCE.)

SABBATICAL COMPLETE SECTIONS A, C, D 01 REGULAR FULL STAFF 02 REGULAR PARTIAL STAFF 03 IN RESIDENCE FULL STAFF 14 IN RESIDENCE PARTIAL STAFF

LEAVE OF ABSENCE COMPLETE SECTIONS A AND B	04 CHILD REARING	09 WORKERS COMP	15 FAMILY MEDICAL LEAVE WITHOUT PAY
	05 EXTENDED ILLNESS	10 FURLOUGH	16 FAMILY MEDICAL LEAVE WITH PAY
	06 GOV'T/PUBLIC SERVICE	11 MILITARY	17 TEMPORARY LAYOFF
	07 PROFESSIONAL DEV	12 SPECIAL RESEARCH	18 NSF BENEFIT BRIDGE
	08 PERSONAL	13 ADMIN	99 OTHER

10. PAY PERIOD OF LEAVE	BEGIN DATE MO DY YR	RETURN DATE MO DY YR	11. ACADEMIC YEAR SERVICE SEMESTER AFFECTED	SUM	FALL	WTR	SPR
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A LEAVE SUMMARY

12. REASON FOR OR SPECIFIC PURPOSE OF PROPOSED LEAVE (FOR SABBATICAL INCLUDE LOCATION WHILE ON PROPOSED LEAVE)

13. OTHER SOURCES OF INCOME WHILE ON LEAVE (SABBATICAL-INDICATE NATURE AND AMOUNT OF ALL INCOME)

14. ARE YOU A PRINCIPAL INVESTIGATOR?
YES NO Name of Substitute

15. HAS SPONSORING AGENCY APPROVED SUBSTITUTE?

NOTE FOR SABBATICAL LEAVE
Indicate in Program Leave Statement arrangements made for continuation and supervision of extramurally sponsored research.

B LEAVE OF ABSENCE

17. DISPOSITION OF WORK WHILE ON LEAVE

18. UC COMPENSATION WHILE ON LEAVE
NO SALARY FULL SALARY OTHER %

19. IS THIS AN EXTENSION OF A PREVIOUS LEAVE?
 YES NO

C Sabbatical

20. 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 of at least equal to that period of the leave.

EMPLOYEE SIGNATURE _____ DATE _____

D DEPARTMENT CHAIRPERSON FOR

21. IF APPLICANT ON MEDICAL SCHOOL COMPENSATION PLAN SHOW PROPOSED SALARY DISTRIBUTION WHILE ON LEAVE. %

22. IF NECESSARY TO EMPLOY SUBSTITUTE, WHAT ADDITION TO DEPARTMENT BUDGET IS REQUIRED?

23. IF LEAVE IS GRANTED, WHAT DISTRIBUTION IS TO BE MADE OF APPLICANT'S CLASSES?

24. IF IN RESIDENCE IS REQUIRED, WHAT COURSES AND HOURS PER QUARTER TO BE TAUGHT BY APPLICANT?	HOURS	HOURS	HOURS
QUARTER: COURSES: NAMES		QUARTER: COURSES: NAMES	
DOES APPLICANT HAVE FULL RESPONSIBILITY FOR COURSES? <input type="checkbox"/> YES <input type="checkbox"/> NO		DOES APPLICANT HAVE FULL RESPONSIBILITY FOR COURSES? <input type="checkbox"/> YES <input type="checkbox"/> NO	DOES APPLICANT HAVE FULL RESPONSIBILITY FOR COURSES? <input type="checkbox"/> YES <input type="checkbox"/> NO

SABBATICAL LEAVE (APPLICANT PLEASE NOTE): This GREEN copy is returned to you as an indication of the Chancellor's action on your application for Sabbatical Leave. If you have any questions, please refer them to your department chairman or other immediate superior officer. Please read the Standing Order of the Regents governing the award of Sabbatical Leaves printed on this page.

SPECIAL LEAVE OF ABSENCE If you are on a Special Leave of Absence without pay, your group Life Insurance and Health Plan coverage will terminate unless you make special arrangements for continuance. If you do not make arrangements for such continuance, and the leave period exceeds two month, you must take action to restore your coverage upon your return. Re-establishment of coverage is not automatic.

REMARKS
Include itinerary here.

PREPARED BY	PHONE NO.	EMPLOYEE	DATE
DEPARTMENT CHAIRPERSON	DEAN	PERSONNEL	DATE
RETN: ACCOUNTING - 5 YEARS AFTER SEPARATION ACADEMIC PERSONNEL - 5 YEARS OTHER COPIES 0 - 5 YEARS AFTER SEPARATION DEPARTMENT TEMPORARY COPY-UNTIL ACTION TAKEN	PROVOST	CHANCELLOR	DATE