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

Employee I.D. #	Date Prepared	Prepared By	Mail Code	Phone Number

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):

Rank & Step

SABBATICAL LEAVE*

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

Number Of Sabbatical Credits To Be Deferred: _____

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

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

**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
		☐	☐	☐	☐

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

Applicant A Principle Investigator? Yes ☐ No ☐ Substitute _____
Sponsoring Agency Approved Substitue? 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.

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

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 ☐99 Parental ☐99 Other (Including Leave in Lieu of Sabbatical)

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

Compensation
☐ No Salary ☐ Full Salary ☐ Other _____ %
Other Sources Of UC & Non-UC Income While On Leave (If None, Please So State):

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?	If Yes, Indicate Original Dates Of Leave From	Through
☐ 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 Principle Investigator? Yes ☐ No ☐ Substitute _____
Sponsoring Agency Approved Substitue? Yes ☐ No ☐

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

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