

**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: _____

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

12 13 15 16 99 99
 Special Research Admin FMLA Without Pay FMLA With Pay Parental Other (Including Leave in Lieu of Sabbatical)

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

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: _____

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	Service Qtrs. Of Leave
From _____ Through _____	Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/>

Period of Leave - Month, Date, Year

Pay Period of Leave	Service Qtrs. Of Leave
From _____ Through _____	Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/>

Is This An Extension Of A Previous Leave? If Yes, Indicate Original Dates Of Leave

<input type="checkbox"/> Yes <input type="checkbox"/> No	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 Principle 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	For APO Use Only	Number of Service Days:
Department Chair	Date	SVC	Date	CEP Approval (If Necessary)	Other
				Personnel	Date