Leave of Absence Requests:

This instructional guide is for leave of absence requests only (i.e. to attend conferences, FMLA, sick leave, etc.)

For leave of absences, please complete the following sections (sample of completed form provided on second page):

a. Personal Information at the top header – refer to section 1

b. Check type of leave of absence – refer to section 2

d. Fill in Pay Period of Leave – refer to section 3. Please note actual dates to be taken.

e. Complete section A: Leave Summary – refer to section A

f. Complete section B: Leave of Absence – refer to section B

g. Complete the “Remarks” section. Fill in the “Prepared By” and “Extension” information and sign your name at the bottom under “Employee Signature” and date – refer to section 4

h. Obtain signature from your section chair under “Department Chair” on Approval Section – refer to section 5

i. Return completed leave of absence form to the SON HR office for further processing.
UCLA SABBATICAL & LEAVE OF ABSENCE FORM
APM 740

NAME (Last, First, Middle Initial)
Bruin, Joe

EMPLOYEE ID NO
123456789

DATE PREPARED
4/4/xx

TITLE
Professor Fiscal Year

DEPARTMENT
School of Nursing

PAY PERIOD OF LEAVE

BEGIN DATE
10/15/14

RETURN DATE
10/19/14

ACADEMIC YEAR SERVICE QUARTERS AFFECTED
SUM

FALL
X

WTR

SPR

A
THE REASON FOR OR SPECIFIC PURPOSE OR PROPOSED LEAVE (SABBATICAL INCLUDE LOCATION WHILE ON PROPOSED LEAVE)
To attend WIN conference in Washington D.C.

OTHER SOURCES OF INCOME AND AMOUNT WHILE ON LEAVE:
None

ARE YOU A PRINCIPAL INVESTIGATOR? ☐ Yes ✔ No

HAS SPONSORING AGENCY APPROVED SUBSTITUTE?
Name of Substitute:

B
DISPOSITION OF WORK WHILE ON LEAVE:
Will continue to conduct research during leave

U.C. COMPENSATION WHILE ON LEAVE:
☑ Full Salary

IS THIS AN EXTENSION OF A PREVIOUS LEAVE?
☑ Yes ☐ No

C
I hereby certify that I have read Standing Order of the Regents 103.4 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 or a period of at least equal to the period of the leave.

EMPLOYEE SIGNATURE

DATE

D
IF IN-RESIDENCE, WHAT COURSES PER QUARTER TO BE TAUGHT BY APPLICANT:

QUARTER:

COURSES:

NAMES:

DOES APPLICANT HAVE FULL RESPONSIBILITY FOR COURSES? ☐ Yes ☐ No

REMARKS

PREPARED BY
Joe Bruin

EXTENSION
x12345

EMPLOYEE SIGNATURE
Joe Bruin

DATE
4/4/xx

APPROVAL

DEPARTMENT CHAIR

DATE

PROVOST

DATE

DEAN

DATE

CHANCELLOR

DATE

REVISED APO 8/29/01