**Sabbatical Leave Requests:**

*This instructional guide is for sabbatical requests only*

For sabbatical leaves, 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 sabbatical – refer to section 2

c. Fill in Pay Period of Leave – refer to section 3

**PAY PERIOD OF LEAVE:** For Fiscal Year (11-month) appointments, the effective date of the appointment will not coincide with the begin date of the service period.

Effective dates for Fiscal Year appointments commence as follows:

- **Summer Quarter:** July 1, 20xx – September 30, 20xx, Return Date: November 1, 20xx
- **Fall Quarter:** October 1, 20xx – December 31, 20xx, Return Date: January 1, 20xx
- **Winter Quarter:** January 1, 20xx – March 31, 20xx, Return Date April 1, 20xx
- **Spring Quarter:** April 1, 20xx – June 30, 20xx, Return Date July 1, 20xx

d. Complete section A: Leave Summary – refer to section A (attach memo, if needed, for description of activities planned during sabbatical)

e. Sign your name and date in section C: Sabbatical Leave – refer to section C

f. Complete section D: Chairperson for Sabbatical Leave (only applicable if taking sabbatical in-residence) - refer to section D

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 sabbatical leave form to the SON HR office for further processing.
## UCLA Sabbatical & Leave of Absence Form

### Name
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:** 10/01/14
- **Return Date:** 01/01/15

### Academic Year Service Quarters Affected
- Summer
- Fall
- Winter
- Spring

### Leave Summary
To complete manuscripts and prepare grants (See attached memo)

### Other Sources of Income and Amount While on Leave
None

### Are You a Principal Investigator?
- Yes
- No

### Has Sponsoring Agency Approved Substitute?
- Yes
- No

### Disposition of Work While on Leave

### U.C. Compensation While on Leave
- No Salary
- Full Salary
- Other

### Is This an Extension of a Previous Leave?
- Yes
- No

### Signature
Joe Bruin

### Date
4/4/xx

### If in Residence, What Courses Per Quarter to Be Taught by Applicant?

### Remarks

### Prepared By
Joe Bruin

### Extension
x12345

### Employee Signature
Joe Bruin

### Date
4/4/xx

### Approval

### Dean

### Date

### Chancellor

### Date