

Name (Last, First, Middle Initial)		Date Prepared
UCPath ID	UCPath Job Code Description	
Primary Department	Other (Split) Department	Other (Split) Department

**Type of Leave**

<b>Sabbatical - Complete Sections A, B, C, D</b> Select type of sabbatical from dropdown:	<b>Other Leaves of Absence - Complete Sections A, C, D</b> Select type of leave from dropdown:
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**Academic Year/Fiscal Year Information**

		Pay Period of Leave		Quarters Affected			
<b>Academic Year</b>	<input type="checkbox"/>	Begin Date:	Return Date:		Fall <input type="checkbox"/>	Wtr <input type="checkbox"/>	Spr <input type="checkbox"/>
<b>Fiscal Year</b>	<input type="checkbox"/>	Begin Date:	Return Date:	Sum <input type="checkbox"/>	Fall <input type="checkbox"/>	Wtr <input type="checkbox"/>	Spr <input type="checkbox"/>

<b>A</b>		a. The reason for, or specific purpose, of proposed leave:					
	b. I am currently PI or Key Personnel on current or pending extramural contracts/grants at UCLA.						<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. If applicable, location(s) or institution(s) where you will be carrying out your work, as you described above, during the period of the leave:						
	Location or Institution		Affiliation/Appointment		Dates of Engagement		
	I have attached a copy of communications/agreements with this outside institution.						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	I have contracts/grants awarded to UCLA and want to continue work on these projects while on leave at this location/institution.						<input type="checkbox"/> Yes <input type="checkbox"/> No
	I want to conduct research supported by or through this institution.						<input type="checkbox"/> Yes <input type="checkbox"/> No
	I wish to apply for/receive funding for research while at this institution.						<input type="checkbox"/> Yes <input type="checkbox"/> No
	I want to receive research funding/support (e.g. lab space, staff) from this institution.						<input type="checkbox"/> Yes <input type="checkbox"/> No
	Location or Institution		Affiliation/Appointment		Dates of Engagement		
	I have attached a copy of communications/agreements with this outside institution.						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	I have contracts/grants awarded to UCLA and want to conduct some of the research while on leave at this location/institution.						<input type="checkbox"/> Yes <input type="checkbox"/> No
	I want to conduct research supported by or through this institution.						<input type="checkbox"/> Yes <input type="checkbox"/> No
	I wish to apply for/receive funding for research while at this institution.						<input type="checkbox"/> Yes <input type="checkbox"/> No
	I want to receive research funding/support (e.g. lab space, staff) from this institution.						<input type="checkbox"/> Yes <input type="checkbox"/> No

Leave Summary

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<b>2</b>	Please list all sources of non-U.C. compensation while on leave (e.g. salary, honorarium, stipend, travel reimbursement, housing allowance, per diem, etc.):	
<b>3</b>	U.C. compensation while on leave (check all that apply): <input type="checkbox"/> Summer salary for research <input type="checkbox"/> Salary for other (e.g. additional teaching, UNEX, etc.) <input type="checkbox"/> Partial salary at _____% <input type="checkbox"/> Summer salary for administrative compensation <input type="checkbox"/> Full salary <input type="checkbox"/> Administrative stipend <input type="checkbox"/> No salary	
<b>4</b>	Disposition of University work while on leave:	
<b>5</b>	Is this an extension of a previous leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6</b>	<b>a.</b> Do you plan to engage in Category I outside professional activities (as defined <a href="#">in APM-025, APM-671, The UCLA CALL Appendix 19</a> )? If yes, have you submitted a prior approval request through UC OATS?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>b.</b> Do you plan to engage in Category II outside professional activities (as defined in <a href="#">APM-025, APM-671, The UCLA CALL Appendix 19</a> )?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>c.</b> Do these Category I or II activities involve the conduct of research outside UCLA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>d.</b> Are you a member of a "talent" program (foreign or domestic) or do you plan to participate in one?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>B</b> Sabbatical, In-Residence	If In-Residence, what courses per quarter to be taught by applicant:			
	Quarter: Course #/Name:	Quarter: Course #/Name:	Quarter: Course #/Name:	Quarter: Course #/Name:
	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	Does applicant have full responsibility for courses? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>C</b> Additional Information	Other information (e.g. sabbatical credits used, dates of FMLA period, etc.)	
	Department Representative	Title Extension

<b>D</b>	<b>Sabbatical Leave Certification</b> (review statement and check to affirm if this is a sabbatical leave request)	
	<input type="checkbox"/> I hereby certify that I have read <a href="#">Standing Order of the Regents 103.4</a> and the <a href="#">Regulations of the President</a> 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.	
	<b>Other Leaves of Absence Certification</b> (review statement and check to affirm if this is any other leave of absence request)	
	<input type="checkbox"/> I hereby certify that I have read <a href="#">Standing Order of the Regents 100.4(e)</a> and the Regulations of the President governing the award of leaves of absence, and that I shall accept the requested leave, if granted, under the conditions set forth as outlined in <a href="#">APM-700</a> .	
	<b>UC/UCLA Protocols and Policies</b> (review statements and check to affirm for both sabbatical and other types of leave of absence)	
	<input type="checkbox"/> I understand that any plans to engage in Category I outside activities as defined in <a href="#">APM-025</a> , <a href="#">APM-671</a> , <a href="#">The UCLA CALL Appendix 19</a> , during the leave requires separate <i>prior</i> approval from the Vice Chancellor for Academic Personnel, if I am subject to APM-025 or APM-671.	
	<input type="checkbox"/> Additionally, I understand that per UC policy, proposals requesting support for research and other sponsored activities must be submitted through UCLA even during a leave/sabbatical. Any request for an exception to this policy requires the prior approval of the Vice Chancellor for Research as outlined in the UC Policy <a href="#">Requirement to Submit Proposals and to Receive Awards or Grants and Contracts through the University</a> . For faculty subject to APM-025 or 671, this also requires the prior approval of the Vice Chancellor for Academic Personnel.	
<b>Employee Signature</b>	<input type="checkbox"/> I understand that if I am PI or other Key Personnel on any UCLA extramural contracts or grants, prior approval from the sponsoring agencies may be required for changes to the funded project, including but not limited to reductions in committed effort, changes in performance location, or changes in scope or schedule. These approvals are required <u>before</u> the leave is finalized. I will work with OCGA to obtain the necessary approvals.	
	<input type="checkbox"/> I understand that UCLA's policies including, but not limited to, information security, intellectual property, conflict of interest, conflict of commitment, and export controls apply even during leaves.	
	<input type="checkbox"/> I agree to immediately inform and confer with my Department Chair if there are substantive changes to my sabbatical/leave of absence request.	
	Employee Signature	Date

<b>E</b>	Office of Contract and Grant Administration (OCGA) has been contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, attach email correspondence with OCGA to this form.	
	Primary Department Chair Signature	Date
	Dean Signature	Date
	Secondary Department Chair Signature	Date
	Dean Signature	Date
	Chancellor Signature	Date