



REQUEST TO ACCRUE BEYOND 30-SABBATICAL CREDIT LIMIT

FACULTY COMPLETES THIS FORM EACH TIME 30-SABBATICAL CREDIT LIMIT IS ACCRUED

(REFERENCE THE UCLA CALL, [APPENDIX 24.](#))

NAME: _____ DEPARTMENT: _____

SECONDARY DEPARTMENT (FOR SPLIT APPOINTMENT): _____

PRESENT RANK & STEP: _____

QUARTER & YEAR 30TH SABBATICAL CREDIT WAS ACCRUED: _____

JUSTIFICATION

Please indicate why you have not had the opportunity to take sabbatical.

SABBATICAL PLAN

Please outline a sabbatical plan that shows credits being reduced at or below the maximum limit of 30.

Anticipated Period (Quarter(s) and Academic Year)	Type (Full, In-Residence, Partial, etc.)	Anticipated Ending Balance (30 credits or anticipated sabbatical balance* - anticipated credits used = ending balance) <i>Ending balance must be ≤ 30</i>
EXAMPLE: 2018-19 Academic Year	At Full	$40^* - 27 = 13$

IF THE 30-SABBATICAL CREDITS WERE ACCRUED PRIOR TO THE CURRENT QUARTER,
PLEASE INDICATE THE CURRENT SABBATICAL BALANCE (IF NOT APPLICABLE, WRITE "N/A"): _____

FACULTY'S SIGNATURE

DATE

PRIMARY DEPARTMENT

I support this request.

CHAIR'S SIGNATURE

DATE

I recommend approval.

DEAN'S SIGNATURE

DATE

SECONDARY DEPARTMENT (FOR SPLIT APPT.)

I support this request.

CHAIR'S SIGNATURE

DATE

I recommend approval.

DEAN'S SIGNATURE

DATE

VICE CHANCELLOR'S APPROVAL

VICE CHANCELLOR'S SIGNATURE

DATE