



# UCLA SABBATICAL & LEAVE OF ABSENCE FORM

APM 740

NAME (Last, First, Middle Initial)	EMPLOYEE ID NO	DATE PREPARED
TITLE	DEPARTMENT	

<b>SABBATICAL – COMPLETE A,C,D</b>				<b>LEAVE OF ABSENCE CODES – COMPLETE SECTIONS A &amp; B</b>											
Regular Full Salary	Regular Partial Salary	In-Res Full Salary	In-Res Partial Salary	Pregnancy Disability	Extended Illness	Gov/Pub Service	Prof Dev	Personal	Workers' Comp	Military	Special Research	Family & Med Leave w/o Pay	Family & Med Leave with Pay	Other	
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 14	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	<input type="checkbox"/> 09	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 99	

PAY PERIOD OF LEAVE	BEGIN DATE	RETURN DATE	ACADEMIC YEAR SERVICE QUARTERS AFFECTED	SUM	FALL	WTR	SPR

<b>A</b> LEAVE SUMMARY	<b>THE REASON FOR OR SPECIFIC PURPOSE OR PROPOSED LEAVE (SABBATICAL INCLUDE LOCATION WHILE ON PROPOSED LEAVE)</b>			
	<b>OTHER SOURCES OF INCOME AND AMOUNT WHILE ON LEAVE:</b>			
	<table border="1"> <tr> <td><b>ARE YOU A PRINCIPAL INVESTIGATOR?</b> <input type="radio"/> Yes <input type="radio"/> No</td> <td><b>HAS SPONSORING AGENCY APPROVED SUBSTITUTE?</b></td> </tr> <tr> <td>Name of Substitute:</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> </tr> </table>	<b>ARE YOU A PRINCIPAL INVESTIGATOR?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>HAS SPONSORING AGENCY APPROVED SUBSTITUTE?</b>	Name of Substitute:
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Name of Substitute:	<input type="radio"/> Yes <input type="radio"/> No			

<b>B</b> LEAVE OF ABSENCE	<b>DISPOSITION OF WORK WHILE ON LEAVE:</b>			
	<table border="1"> <tr> <td><b>U.C. COMPENSATION WHILE ON LEAVE:</b> _____</td> <td><b>IS THIS AN EXTENSION OF A PREVIOUS LEAVE?</b></td> </tr> <tr> <td><input type="radio"/> No Salary <input type="radio"/> Full Salary <input type="radio"/> Other</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> </tr> </table>	<b>U.C. COMPENSATION WHILE ON LEAVE:</b> _____	<b>IS THIS AN EXTENSION OF A PREVIOUS LEAVE?</b>	<input type="radio"/> No Salary <input type="radio"/> Full Salary <input type="radio"/> Other
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<input type="radio"/> No Salary <input type="radio"/> Full Salary <input type="radio"/> Other	<input type="radio"/> Yes <input type="radio"/> No			

<b>C</b> SABBATICAL LEAVE	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.	
	<table border="1"> <tr> <td>EMPLOYEE SIGNATURE _____</td> <td>DATE _____</td> </tr> </table>	EMPLOYEE SIGNATURE _____
EMPLOYEE SIGNATURE _____	DATE _____	

<b>D</b> CHAIRPERSON FOR SABBATICAL LEAVE	<b>IF IN-RESIDENCE, WHAT COURSES PER QUARTER TO BE TAUGHT BY APPLICANT:</b>									
	<table border="1"> <tr> <td>QUARTER:</td> <td>QUARTER:</td> <td>QUARTER:</td> </tr> <tr> <td>COURSES:</td> <td>COURSES:</td> <td>COURSES:</td> </tr> <tr> <td>NAMES:</td> <td>NAMES:</td> <td>NAMES:</td> </tr> </table>	QUARTER:	QUARTER:	QUARTER:	COURSES:	COURSES:	COURSES:	NAMES:	NAMES:	NAMES:
	QUARTER:	QUARTER:	QUARTER:							
	COURSES:	COURSES:	COURSES:							
NAMES:	NAMES:	NAMES:								
DOES APPLICANT HAVE FULL RESPONSIBILITY FOR COURSES? <input type="radio"/> Yes <input type="radio"/> No										

<b>REMARKS</b>				
	<table border="1"> <tr> <td>PREPARED BY</td> <td>EXTENSION</td> <td>EMPLOYEE SIGNATURE</td> <td>DATE</td> </tr> </table>	PREPARED BY	EXTENSION	EMPLOYEE SIGNATURE
PREPARED BY	EXTENSION	EMPLOYEE SIGNATURE	DATE	

<b>APPROVAL</b>	DEPARTMENT CHAIR	DATE	PROVOST	DATE
	DEAN	DATE	CHANCELLOR	DATE

**ADDITIONAL APPROVALS**

*(e.g. when a faculty member has a split appointment or is paid by D. Geffen SOM)*

CHAIR (Secondary)	DATE	DEAN (Secondary)	DATE
CHAIR (Tertiary)	DATE	DEAN (Tertiary)	DATE

**FOR SABBATICALS & LEAVES AT REDUCED OR NO SALARY**

**IMPORTANT: Sabbatical or leave requests will not be processed if the "Effects on Benefits" form is not included with the request. Please verify that "Effect on Benefits" form is included.**

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**CANDIDATE ACKNOWLEDGMENT REQUIRED**

**SABBATICAL LEAVE – REPORT ON RESULTS**

Per the UCLA CALL, Appendix 24, XI, "Report on Results", within ninety calendar days following return from leave, the recipient of a sabbatical leave shall submit to the Chancellor\* a concise report of the results of the leave, to include the following:

1. Account of activities during the leave, including travel itineraries, institutions and locations visited, persons with whom there was extensive consultation or collaboration, and any formal lectures delivered;
2. Statement of progress made on the project as proposed in the application;
3. Explanation of any significant changes in the project;
4. Appraisal of the relationship between the results anticipated in the leave project statement and those actually achieved; and
5. Statement of future activity related to the project, including plans for completion of the project and publication of results.

The report shall become a part of the supporting materials submitted with any proposal for subsequent promotion or merit increase.

*\*Report must first be submitted to the College Divisional Analyst for review by the Dean. The report will then be routed to Campus APO from the Dean's Office.*

**Candidate must acknowledge and sign below:**

"I hereby acknowledge that I have read the above information and will submit my sabbatical report as required. I understand that the report shall become a part of materials for subsequent promotion or merit increase. Failure to submit my sabbatical report will result in my subsequent academic personnel case to be delayed and/or possibly deferred until the following year."

\_\_\_\_\_  
Signature of Faculty Member