
FACULTY NAME

DEPARTMENT

EFFECT ON BENEFITS
of SABBATICAL or LEAVE OF ABSENCE
at reduced salary or without salary

My signature on this form serves as an acknowledgement of receipt of materials describing the effect of various types of leaves of absence at reduced salary or without salary (including sabbatical leaves) on my various University benefits and of my responsibility to make any arrangement for continuation of benefits during the period of the leave I deem necessary. If I am discontinuing any benefits during leave period, I understand that it is also my responsibility to the effects of my sabbatical/leave on my University of California Retirement Plan and have reviewed the UCRP Service Credit Purchase Guide.

FACULTY SIGNATURE

DATE

- **UCRP Service Credit Purchase Guide (formerly UCRP Buyback Booklet):**
 - <https://ucnet.universityofcalifornia.edu/forms/pdf/ucrp-service-credit-purchase-guide.pdf>
- **Sabbatical Checklist:**
 - <https://ucnet.universityofcalifornia.edu/compensation-and-benefits/roadmaps/sabbatical.html>
- **Leave Checklist:**
 - <http://ucnet.universityofcalifornia.edu/forms/pdf/leave-without-pay.pdf>

Dept. Administrator: This form must be attached to the Sabbatical/LOA form and submitted to the College Dean's Office.