UNIVERSITY OF CALIFORNIA, MERCED UCM-AP50

Leave of Absence Request Form

A Employee

Name (last, first, middle)	Employee ID No.	Date Prepared
Title	School / Department	School Contact / Phone Number

B Types of Leave

Sabbatical

Regular Full Salary 01	Regular Partial Salary	In-Res Full Salary	In-Res Partial Salary
☐	☐	☐	☐

Leave of Absence

Pregnancy Disability	Extended Illness	Gov/Pub Service	Prof Dev	Personal	Worker's Comp	Military	Special Research	Family & Med Leave w/o pay	Family & Med Leave with Pay	Other
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

C Leave Dates

CHECK ONE			PAY PERIOD OF LEAVE	Begin Date	Return Date	ACADEMIC YEAR SERVICE SEMESTERS AFFECTED		
		No Salary						Fall
		Salary						Spring
		Partial Salary %						Summer

D Principal Investigator (complete this section for a sabbatical)

☐ Yes ☐ No Name of Substitute: _____ ☐ N/A

E Leave Summary (complete this section for a sabbatical)

Attach statement providing detailed information regarding the history of the project and the significance of the project as a contribution to knowledge or as a contribution to the applicant's increased effectiveness as a teacher and a scholar.

F Sabbatical (complete this section for a sabbatical)

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.	_____ Employee Signature Date

G Disposition of work while on Leave (This section to be completed by School)

H Approvals

X	X
Dean / Dean Designee Signature Date	EVC / Provost Signature Date