



UCLA SABBATICAL & LEAVE OF ABSENCE FORM

APM 740

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

SABBATICAL – COMPLETE A,C,D				LEAVE OF ABSENCE CODES – COMPLETE SECTIONS A & 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

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

B LEAVE OF ABSENCE	DISPOSITION OF WORK WHILE ON LEAVE:
	U.C. COMPENSATION WHILE ON LEAVE: _____ <input type="radio"/> No Salary <input type="radio"/> Full Salary <input type="radio"/> Other

IS THIS AN EXTENSION OF A PREVIOUS LEAVE?
<input type="radio"/> Yes <input type="radio"/> No

C 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.
	_____ EMPLOYEE SIGNATURE DATE

D CHAIRPERSON FOR SABBATICAL LEAVE	IF IN-RESIDENCE, WHAT COURSES PER QUARTER TO BE TAUGHT BY APPLICANT:
	QUARTER: _____ COURSES: _____ NAMES: _____
	QUARTER: _____ COURSES: _____ NAMES: _____
	QUARTER: _____ COURSES: _____ NAMES: _____

DOES APPLICANT HAVE FULL RESPONSIBILITY FOR COURSES? Yes No

REMARKS	
	PREPARED BY _____ EXTENSION _____ EMPLOYEE SIGNATURE _____ DATE _____

APPROVAL	DEPARTMENT CHAIR _____ DATE _____	PROVOST _____ DATE _____	_____ DATE _____
	DEAN _____ DATE _____	_____ DATE _____	CHANCELLOR _____ DATE _____