

UCSD PAYROLL/PERSONNEL ACADEMIC LEAVE OF ABSENCE/SABBATICAL UPAY 573-6 (R1/91)				Employee I.D. #	Date Prepared	Prepared By	Mail Code	Phone Number
Name (Last, First, Middle Initial):				Department: Department of Medicine			Title:	
Address While On Leave (To change w-2 or check address - use form UPAY 544):				Appointment End Date (If Any):				
SABBATICAL LEAVE*				Rank & Step				
Purpose: Indicate Specific Purpose & Location Of Leave -Attach Detailed Leave Plan				Purpose <div><input type="checkbox"/>04 Pregnancy Disability <input type="checkbox"/>05 Extended Illness <input type="checkbox"/>06 Gov't Public SVC <input type="checkbox"/>07 Prof Devel. <input type="checkbox"/>08 Personal <input type="checkbox"/>09 Workers' Comp (WOS) <input type="checkbox"/>10 Furlough <input type="checkbox"/>11 Military</div> <div><input type="checkbox"/>12 Special Research <input type="checkbox"/>13 Admin <input type="checkbox"/>15 FMLA Without Pay <input type="checkbox"/>16 FMLA With Pay <input type="checkbox"/>99 Parental <input type="checkbox"/>99 Other (Including Leave in Lieu of Sabbatical)</div>				
Number Of Sabbatical Credits To Be Deferred: _____				Indicate Specific Purpose Of Leave And Location While On Proposed Leave:				
Compensation <input type="checkbox"/> 01 Full Salary <input type="checkbox"/> 02 Partial Salary --> _____ % <input type="checkbox"/> 03 In Residence-Full Salary** Other Sources Of UC And Non-UC Income While On Leave:				Compensation <input type="checkbox"/> No Salary <input type="checkbox"/> Full Salary <input type="checkbox"/> Other _____ % Other Sources Of UC & Non-UC Income While On Leave (If None, Please So State):				
**If Sabbatical In Residence, List Courses, Hours, And, If Applicable, Clinical Instruction: Course Number/QTR: _____ Full Responsibility For Courses? Hours Per Week/QTR: _____ Clinical Instruction/QTR: _____				Period of Leave - Month, Date, Year Pay Period Of Leave Service Qtrs. Of Leave From Through Fall Winter Spring Summer <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Period of Leave - Month, Date, Year Pay Period Of Leave Service Qtrs. Of Leave From Through Fall Winter Spring Summer <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				Is This An Extension Of A Previous Leave? If Yes, Indicate Original Dates Of Leave <input type="checkbox"/> Yes <input type="checkbox"/> No From Through				
Disposition of Work (Include Names/Titles Of Individuals Teaching Applicant's Classes):				Disposition of Work If Yes, List Course Number(s) _____ Name/Title Of Individual(s) Covering Course(s) _____				
Applicant A Principal Investigator? Yes <input type="checkbox"/> No <input type="checkbox"/> Substitute _____ Sponsoring Agency Approved Substutue? Yes <input type="checkbox"/> No <input type="checkbox"/> _____				(Including Administering Final Exam, If Applicable) Applicant A Principle Investigator? Yes <input type="checkbox"/> No <input type="checkbox"/> Substitute _____ Sponsoring Agency Approved Substutue? Yes <input type="checkbox"/> No <input type="checkbox"/> _____				
Certification I hereby certify that I have read the Standing Order of the Regents 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 for a period at least equal to the period of the leave.				Remarks (If Absence Includes Vacation, Indicate Dates Here): Division Chiefs - please include name of faculty contact while away.				
Employee Signature Date		Dean/Director Date		For APO Use Only CEP Approval (If Necessary)			Number of Service Days:	
Department Chair Date		EVC Date		Personnel Date			Other Date	