

**REQUEST FOR A CHANGE IN SABBATICAL LEAVE DATE
OR
NOTICE OF DECLINATION OF SABBATICAL LEAVE AWARD
[REVISED 5/8/09]**

Change of Date

Decline Award

Name: _____

Department: _____

College: _____

Original Date Requested for Sabbatical Leave: _____
(Semester and Year)

New Date Requested for Sabbatical Leave: _____
(Semester and Year)

Reason: _____

Signature of Person Requesting Change Date

(Circle One)

Approve / Deny _____
Department/School Chair/Director Date

Approve / Deny _____
Dean of College or Divisional Vice President Date

Approve / Deny _____
Executive Vice President and Provost Date

Please forward the completed form to Chris Peddle, Office of the Provost. A copy with all signatures will be returned to each unit and staff member.

cc: John Peters, President
Candi Flood/Jill Secor, Contracts, Records and Reports
Liz Guess, Human Resource Services
Dean, College Office
Chair/Director, Department Office