



**CHANGE OR DECLINE OF SABBATICAL LEAVE**  
(to be filled out by applicant approved for sabbatical leave)

Change of Date

Decline Award

Name: \_\_\_\_\_

Department/Division/School: \_\_\_\_\_

College/Division: \_\_\_\_\_

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

New Date Requested for Sabbatical Leave: \_\_\_\_\_  
(New date should be within original requested academic year.) (Semester and Year)

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signatures (electronic signatures are acceptable):**

_____ Signature of Sabbatical Applicant	_____ Date
<input type="checkbox"/> Approve <input type="checkbox"/> Deny	_____ Date
_____ Department/Division/School Chair or Director	_____ Date
<input type="checkbox"/> Approve <input type="checkbox"/> Deny	_____ Date
_____ Dean of College or Divisional Vice President	_____ Date
<input type="checkbox"/> Approve <input type="checkbox"/> Deny	_____ Date
_____ Executive Vice President and Provost	_____ Date

Please forward completed forms to the Office of the Executive Vice President and Provost.  
A final copy (with all signatures) will be provided to each unit and requesting faculty/SPS.

- c: Department/Division/School
- College
- Contracts, Records and Reports, Human Resource Services
- Human Resource Services