

## REVISION TO SABBATICAL LEAVE APPLICATION FORM

Please use Adobe Reader or Acrobat Pro ONLY available here to fill out this form digitally. (Mac users, please DO NOT use Preview.)

Date	Name	ID#	College/Center Assignment
Date of original application: _____		Date of any other revisions: _____	

*Please attach a copy of the original application and any revision that includes the signature of the PAC Chair to show that it was approved.*

## PURPOSE OF LEAVE

Academic Coursework    Retraining    Research    Teaching, Learning & Appropriate Instructional & Student Services Activity

Describe in detail the revisions made from your original Sabbatical Abstract and Plan.

Describe the rationale for the changes to your Sabbatical Leave Application.

## Signature of Applicant

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Click in the signature field above to sign digitally (or configure a new digital ID if signing for the first time.)  
PLEASE DO NOT use the "Sign" (Pen Nib) tool above to initial, draw, or place your digital signature on the signature line.

**RECOMMENDATIONS AND SIGNATURES**

(Application for Sabbatical Leave)

Name of Applicant: \_\_\_\_\_ ID# \_\_\_\_\_ Campus \_\_\_\_\_ Ph# \_\_\_\_\_

Click in the signature fields below to sign digitally (or configure a new digital ID if signing for the first time.)  
PLEASE DO NOT use the "Sign" (Pen Nib) tool above to initial, draw, or place your digital signature on the signature line.

**DEPARTMENT CHAIR**

**RECOMMEND**

**CONDITIONAL RECOMMENDATION\***

**NOT RECOMMENDED\***

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Must include written statement to specify or document conditions or reasons for a conditional recommendation or not recommended.

**DEAN/MANAGER**

**RECOMMEND**

**CONDITIONAL RECOMMENDATION\***

**NOT RECOMMENDED\***

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Must include written statement to specify or document conditions or reasons for a conditional recommendation or not recommended.

**COLLEGE PROFESSIONAL ADVANCEMENT COMMITTEE CHAIR**

**RECOMMEND**

**CONDITIONAL RECOMMENDATION\***

**NOT RECOMMENDED\***

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Must include written statement to specify or document conditions or reasons for a conditional recommendation or not recommended.

**VICE PRESIDENT**

**RECOMMEND**

**CONDITIONAL RECOMMENDATION\***

**NOT RECOMMENDED\***

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Must include written statement to specify or document conditions or reasons for a conditional recommendation or not recommended.

**PRESIDENT**

**RECOMMEND**

**CONDITIONAL RECOMMENDATION\***

**NOT RECOMMENDED\***

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Must include written statement to specify or document conditions or reasons for a conditional recommendation or not recommended.

APPROVED BY BOARD OF TRUSTEES ON: DATE \_\_\_\_\_

SABBATICAL LEAVE RECORDED BY HUMAN RESOURCES: \_\_\_\_\_ DATE \_\_\_\_\_