



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:			
	<table border="0"> <tr> <td>ARE YOU A PRINCIPAL INVESTIGATOR? <input type="radio"/> Yes <input type="radio"/> No</td> <td>HAS SPONSORING AGENCY APPROVED SUBSTITUTE?</td> </tr> <tr> <td>Name of Substitute:</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> </tr> </table>	ARE YOU A PRINCIPAL INVESTIGATOR? <input type="radio"/> Yes <input type="radio"/> No	HAS SPONSORING AGENCY APPROVED SUBSTITUTE?	Name of Substitute:
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Name of Substitute:	<input type="radio"/> Yes <input type="radio"/> No			

B LEAVE OF ABSENCE	DISPOSITION OF WORK WHILE ON LEAVE:			
	<table border="0"> <tr> <td>U.C. COMPENSATION WHILE ON LEAVE: _____</td> <td>IS THIS AN EXTENSION OF A PREVIOUS LEAVE?</td> </tr> <tr> <td><input type="radio"/> No Salary <input type="radio"/> Full Salary <input type="radio"/> Other</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> </tr> </table>	U.C. COMPENSATION WHILE ON LEAVE: _____	IS THIS AN EXTENSION OF A PREVIOUS LEAVE?	<input type="radio"/> No Salary <input type="radio"/> Full Salary <input type="radio"/> Other
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<input type="radio"/> No Salary <input type="radio"/> Full Salary <input type="radio"/> Other	<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
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D CHAIRPERSON FOR SABBATICAL LEAVE	IF IN-RESIDENCE, WHAT COURSES PER QUARTER TO BE TAUGHT BY APPLICANT:									
	<table border="0"> <tr> <td>QUARTER:</td> <td>QUARTER:</td> <td>QUARTER:</td> </tr> <tr> <td>COURSES:</td> <td>COURSES:</td> <td>COURSES:</td> </tr> <tr> <td>NAMES:</td> <td>NAMES:</td> <td>NAMES:</td> </tr> </table>	QUARTER:	QUARTER:	QUARTER:	COURSES:	COURSES:	COURSES:	NAMES:	NAMES:	NAMES:
	QUARTER:	QUARTER:	QUARTER:							
	COURSES:	COURSES:	COURSES:							
NAMES:	NAMES:	NAMES:								
DOES APPLICANT HAVE FULL RESPONSIBILITY FOR COURSES? <input type="radio"/> Yes <input type="radio"/> No										

REMARKS				
	<table border="0"> <tr> <td>PREPARED BY</td> <td>EXTENSION</td> <td>EMPLOYEE SIGNATURE</td> <td>DATE</td> </tr> </table>	PREPARED BY	EXTENSION	EMPLOYEE SIGNATURE
PREPARED BY	EXTENSION	EMPLOYEE SIGNATURE	DATE	

APPROVAL	DEPARTMENT CHAIR	DATE	PROVOST	DATE
	DEAN	DATE	CHANCELLOR	DATE