

FACULTY NAME: _____

DEPARTMENT: _____

EFFECT ON BENEFITS

of SABBATICAL or LEAVE OF ABSENCE at reduced salary or without salary

My signature on this form serves as an acknowledgement of receipt of materials describing the effect of various types of leaves of absence at reduced salary or without salary (including sabbatical leaves) on my various University benefits and of my responsibility to make any arrangement for continuation of benefits during the period of the leave I deem necessary. If I am discontinuing any benefits during leave period, I understand that it is also my responsibility to reenroll in those benefits upon my return to the University. In addition, I have been advised about the effects of my sabbatical/leave on my University of California Retirement Plan and have reviewed the UCRP Buyback Booklet.

FACULTY SIGNATURE

DATE

- **UCRP Buyback Booklet, Instructions & Forms:**
http://atyourservice.ucop.edu/forms_pubs/subject/buyback.html
- **Sabbatical Checklist:**
http://atyourservice.ucop.edu/forms_pubs/checklists_factsheets/sabbatical.pdf
- **Leave Checklist:**
http://atyourservice.ucop.edu/forms_pubs/checklists_factsheets/leave_wo_pay.pdf

Dept. Administrator: This form must be attached to the Sabbatical/LOA form and submitted to the SPH Academic Personnel Office.