

**FACULTY SABBATICAL LEAVE
DEFERRAL FORM**

NAME:	POSITION:
DEPARTMENT:	DATE:
PHONE or LOCAL:	EMAIL:

INDICATE CURRENT SABBATICAL ELIGIBILITY:

- ☐ September 1, 20____ to August 31, 20____
- ☐ January 1, 20____ to December 31, 20____

INDICATE ONE OF THE FOLLOWING:

- ☐ I am currently in term of office as Department Head/Director
-or-
☐ Multiple faculty members within the department are eligible to apply for sabbatical leave
-or-
☐ I am currently in a full time paid FSA position
-or-
☐ Other (subject to the approval of your Dean/AVP and AVP, Research, Engagement & Graduate Studies)

Please describe if you checked 'Other':

Indicate the year and month in which you intend to take the deferred sabbatical:

- ☐ September 1, 20____ to August 31, 20____ Other (please indicate dates in comments box)
- ☐ January 1, 20____ to December 31, 20____

Applicants need to consult with their Dean regarding a deferral.

COMMENTS:

EMPLOYEE NAME AND SIGNATURE

DATE

DEPARTMENT HEAD/DIRECTOR NAME AND SIGNATURE

DATE

DEAN/AVP NAME AND SIGNATURE

DATE

AVP, RESEARCH, ENGAGEMENT & GRADUATE STUDIES

DATE

Should the deferred sabbatical not be taken within the above noted timeline, eligibility for the reduction for the next sabbatical will be lost.