FACULTY SABBATICAL LEAVE
DEFERRAL and POSTPONEMENT 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 & Graduate Studies) Please describe if you checked 'Other':

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

☐ September 1, 20____to August 31, 20____

☐ January 1, 20____ to December 31, 20 ____

☐ Other (please indicate dates in comments box)

Indicate whether this is a Postponement or a Deferral. 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 &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.