



SABBATICAL DATE CHANGE REQUEST

Submit to the department chair and dean for signature approval.

This document with signatures is to be forwarded to the Senate Chair, VPAA, and HR

Name: _____ **Department:** _____

Email: _____ **Ext/Sortcode:** _____

Original Leave Period:

Fall Spring Year

Proposed Change:

| Fall Spring Year

Reason for Change

[Faculty Member's Signature]

[Date]

Chair Name: _____ Approve Disapprove

[Chair / Supervisor Signature]

[Date]

Dean Name: _____ Approve Disapprove

[Dean's Signature]

[Date]