

CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS
CHANGE IN TERM FOR SABBATICAL LEAVE FORM

Instructions: After completing form obtain the approval of your Department Chair, College Dean, and Associate Vice President of Faculty and Development. Please return form to the Office of Faculty Affairs and Development

1. Name _____ Department _____

2. Academic Rank _____

3. Original Approved Academic Year / Term for Leave:

4. New Requested Period of Sabbatical (check one):

a. _____ Fall semester at full pay

b. _____ Spring semester at full pay

c. _____ Fall and Spring semester at one-half of full pay*

5. **Signature of Applicant**

Signature of Applicant

Date

6. **Approval by Department Chair**

_____ I approve the new proposed term for this faculty member to take a sabbatical leave.

_____ I do **not** approve the new proposed term for this faculty member to take a sabbatical leave.

Signature of Department Chair

Date

7. **Approval of College Dean**

_____ I concur with the endorsement of the Department Chair.

_____ I do **not** concur with the endorsement of the Department Chair.

Signature of College Dean

Date

8. **Approval of Associate Vice President for Faculty Affairs**

_____ I concur with the recommendation of the Department Chair and College Dean.

_____ I do **not** concur with the recommendation of the Department Chair and College Dean.

Signature of AVP Faculty Affairs
and Development

Date

Distribution of form if approved:
Original: Applicant's Personnel Action File
College Dean (without proposal)
College Resource Manager (without proposal)
Human Resources Management (without proposal)

Distribution if not approved:
Copies: Applicant (without proposal)