



APPLICATION FOR SABBATICAL LEAVE

Employee Name: _____

Employee Title/Department: _____

Name of Supervisor: _____

Employee Staff Classification: *(If unsure, please contact Human Resources)*

Sabbatical Class 1 Sabbatical Class 2 Sabbatical Class 3 Sabbatical Class 4a Sabbatical Class 4b

Dates of Requested Leave: _____

Please summarize your planned sabbatical leave in terms of: *(optional for Class 4b)*

Rest/Relaxation:

Recreation:

Reflection & Reading:
(1-2 hours/day)

***Note: Classes 1 - 3 are asked to send a brief post sabbatical summary to HR and Directional Leader.**

Employee Signature: _____

Supervisor Signature: _____

FOR OFFICE USE ONLY

Eligibility Year: _____ Next Eligibility Year: _____

HR Approval: _____ Date: _____

Directional Leader Approval: _____

Updated March 2022, KO



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