



SABBATICAL LEAVE REQUEST FOR CHANGE OF:  
**ONE-SEMESTER LEAVE**

Those wishing to request a change in their APPROVED one-semester leave must complete this form and route for review and signature according to section 3.1.3 of the Sabbatical Leave Policy. <https://sacramentostatet.com/policy/11444180/latest/>

Name: \_\_\_\_\_ EMPLID: \_\_\_\_\_

College: \_\_\_\_\_ Department: \_\_\_\_\_

**Semester of Leave Awarded:**      **Fall 20** \_\_\_\_\_      **Spring 20** \_\_\_\_\_

**Requesting to Change to:**      **Fall 20** \_\_\_\_\_      **Spring 20** \_\_\_\_\_

\*\*Changes to Academic Year leave requests may not be done via this form. Please use the designated form located at <https://www.csus.edu/academic-affairs/faculty-affairs/internal/forms.html> for procedure and request.\*\*

**Briefly indicate the reason for the requested change: (Attach additional documentation if applicable)**

By signing below, I understand this is a **requested** change and must be approved by the Provost prior to the change being implemented.

\_\_\_\_\_  
Signature of Requester

\_\_\_\_\_  
Date

**RECOMMENDATION OF DEPARTMENT CHAIR/DIRECTOR:**

The applicant's request for change has been reviewed.

\_\_\_\_\_ Recommend Approval

\_\_\_\_\_ Do NOT Recommend Approval

\_\_\_\_\_  
Department Chair/Director Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Comments:

