

INSTRUCTIONS FOR PREPARING: UPAY573 SABBATICAL LEAVE / SPECIAL LEAVE OF ABSENCE

Instructions follow for boxes that may not be self-explanatory. (Instructions Number refers to the box number on the form.)

Refer to PAYROLL/PERSONNEL SYSTEM DEPARTMENT PROCEDURES MANUAL for complete instructions.

SABBATICAL LEAVE

9. Type of Leave: Indicate type of leave. If it is partial salary, indicate the percent of time of the leave in the Remarks Section. Note: Where the terms of a grant or contract permit and where funds are available, the salary of a faculty member working on an extramurally financed project during sabbatical leave shall be charged to the project according to the actual proportion of time and effort expended on the project. Academic employees who will receive partial salary while on sabbatical leave may obtain full retirement credit by making their contribution and the Regent's retirement contribution on the remaining percentage. For further information, write to the UCRS office in Oakland, or contact the local campus representative from that office.
10. Pay Period of Leave:
For a fiscal year appointee, a semester of sabbatical leave is for the last semester of the calendar year. A sabbatical leave may neither begin nor end within the period of an academic semester except by specific permission of the Chancellor.
For academic year appointees, the actual service period differs from the pay period. For accounting purposes, enter the pay period of leave.
11. Academic Year Appointees Service Semesters of Leave: A semester of sabbatical leave is defined by the academic calendar. Thus, the effective service period of one semester sabbatical leave begins with and ends with the Academic calendar semester; a two semester sabbatical leave begins with the beginning of the first semester and ends with the end of the next semester, etc. Indicate the year under the semester shown.
12. Reason For or Specific Purpose of Proposed Leave: Explain details in Sabbatical Leave Program Statement.
13. Other Sources of Income While on Leave: Explain sources of other income during sabbatical leave. Include fellowships, sponsored research, etc.
Approvals: Type name and date over signature so they appear on all remaining copies. The University Academic Personnel Manual contains policy for authorized approval signature for academic appointments.

SPECIAL LEAVE OF ABSENCE Use this form for: Academic: Authorized leaves of absence with full salary for periods in excess of seven days, and authorized leaves of absence without salary or with partial salary. OR Staff: Unanticipated absences without salary for thirty days or more leaves of absence for personal reasons and temporary layoff.

10. and 11. Pay Period of Leave and Academic Year Service Semesters Affected: Indicate begin date for pay period of leave. The return date is the day after the pay period ends, and the employee's records will revert to active status. For academic year appointees, indicate the service semesters affected by leave.
13. and 14. These Items Are Completed for Academic Employees Who Are Going on a Leave of Absence.
17. Disposition of Work While on Leave: For academic teaching titles, indicate courses and names of persons to be in charge. For staff, indicate whether a replacement is being hired or if the work will be absorbed by other staff members.
18. Compensation While on Leave: For academic appointees who are to receive compensation during leave, refer to the Academic Personnel Manual. For staff employees, contact campus Personnel office.

Approvals: The Academic Personnel Manual contains policy for authorized approval signatures for academic appointments. Campus Personnel Office must approve forms for staff personnel. Employee's signature is optional on this form except in those cases required by campus procedure. In addition to the signature, the name of each officer who signs and the date of approval should be typed by each office so they appear on all of the remaining copies.

STANDING ORDER 103. SPECIAL PROVISIONS CONCERNING OFFICERS, FACULTY MEMBERS, AND EMPLOYEES OF THE UNIVERSITY

103.4 Sabbatical Leaves

Professors, Associate Professors, Assistant Professors, persons of equivalent rank, and Cooperative Extension Specialists, Advisors, and Agronomists shall be entitled, upon approval of the Present, to the privilege of a sabbatical leave of absence from regular scheduled duties, following a prescribed period of service in the University as academic appointees with the rank of Instructor or higher, or equivalent rank, or with such other titles as the Board, may approve.

Sabbatical leaves are granted to enable recipients to be engaged in intensive programs of research and/or study, thus to become more effective teachers and scholars and, to enhance their services to the University.

A regular sabbatical leave of absence, within policies established by the Board, may be granted by the President, provided, however, that the recipient of a regular leave of absence at less than full salary may receive an additional salary such that the total salary does not exceed the recipient's regular salary: (1) by appointment to the Miller Institute for Basic Research in Science, the Institute for Creative Arts, or the Humanities Institute, or such organized research programs as the

Board may approve for this purpose, or; (2) for limited service on a research project in a foreign university or for work on a research project, provided such research or teaching project is administered by the University with funds from government or private grant or contract, and provided further that the terms of such grant or contract specifically authorize such usage of such funds and when the work to be performed by the recipient will promote the purpose of the leave.

A sabbatical leave of absence in residence at the University may be a program of that campus. An appointee on sabbatical leave of absence in residence shall be free from all other teaching obligations and from all committee and administrative work.

A sabbatical leave of absence may be taken at varying percentages of regular salary in accordance with regulations established by the President.

A sabbatical leave of absence shall be granted and accepted only with the understanding that the recipient, following leave of absence, will continue service at the University for a period at least equal to the period of the leave, unless specifically approved by the President.

As Amended 1-21-83.

STATE PRIVACY NOTIFICATION

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information.

The principal purpose for requesting the information on this form is to process pay checks. University policy authorizes maintenance of this information.

Furnishing all information requested on this form is mandatory – failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be used by various University departments for payroll and personnel administration and will be transmitted to the Federal and State governments as required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

The officials responsible for maintaining the information contained on this form: Office of the President and Campus Academic and Staff Personnel Managers or Campus Accounting Offices.



PAYROLL/PERSONNEL
SABBATICAL LEAVE / SPECIAL LEAVE OF ABSENCE
 UPAY573-1 (R6/04)

1. CAMPUS BERKELEY	2. EMPLOYEE ID NO.	3. DATE PREPARED MO DY YR
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4. NAME (Last, First, Middle Initial)	5. PERSONNEL PROGRAM <input type="checkbox"/> ACADEMIC <input type="checkbox"/> STAFF
6. ADDRESS WHILE ON LEAVE (TO CHANGE W-2 OR CHECK ADDRESS—USE UPAY544)	7. DEPARTMENT
	8. TITLE

9. TYPE OF LEAVE (Check appropriate box and Complete specified Sections indicated for SABBATICAL or LEAVE OF ABSENCE.)

SABBATICAL COMPLETE SECTIONS A, C, D	<input type="checkbox"/> 01 REGULAR FULL SALARY	<input type="checkbox"/> 02 REGULAR PARTIAL SALARY	<input type="checkbox"/> 03 IN RESIDENCE FULL SALARY	<input type="checkbox"/> 14 IN RESIDENCE PARTIAL SALARY
LEAVE OF ABSENCE COMPLETE SECTIONS A AND B	<input type="checkbox"/> 04 PREGNANCY DISABILITY	<input type="checkbox"/> 09 WORKERS COMP	<input type="checkbox"/> 15 FAMILY MEDICAL LEAVE WITHOUT PAY	
	<input type="checkbox"/> 05 EXTENDED ILLNESS	<input type="checkbox"/> 10 FURLOUGH	<input type="checkbox"/> 16 FAMILY MEDICAL LEAVE WITH PAY	
	<input type="checkbox"/> 06 GOV'T/PUBLIC SERVICE	<input type="checkbox"/> 11 MILITARY	<input type="checkbox"/> 17 TEMPORARY LAYOFF	
	<input type="checkbox"/> 07 PROFESSIONAL DEV	<input type="checkbox"/> 12 SPECIAL RESEARCH	<input type="checkbox"/> 18 NSF BENEFIT BRIDGE	
	<input type="checkbox"/> 08 PERSONAL	<input type="checkbox"/> 13 ADMIN	<input checked="" type="checkbox"/> 99 OTHER	

10. PAY PERIOD OF LEAVE	BEGIN DATE MO DY YR	RETURN DATE MO DY YR	11. ACADEMIC YEAR SERVICE SEMESTER AFFECTED	SUM	FALL	SPR
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A 12. REASON FOR OR SPECIFIC PURPOSE OF PROPOSED LEAVE (FOR SABBATICAL INCLUDE LOCATION WHILE ON PROPOSED LEAVE)

LEAVE SUMMARY

13. OTHER SOURCES OF INCOME WHILE ON LEAVE (SABBATICAL-INDICATE NATURE AND AMOUNT OF ALL INCOME)

14. ARE YOU A PRINCIPAL INVESTIGATOR? YES NO Name of Substitute <input type="checkbox"/> <input type="checkbox"/>	15. HAS SPONSORING AGENCY APPROVED SUBSTITUTE?	NOTE FOR SABBATICAL LEAVE Indicate in Program Leave Statement arrangements made for continuation and supervision of extramurally sponsored research.
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B 17. DISPOSITION OF WORK WHILE ON LEAVE

18. UC COMPENSATION WHILE ON LEAVE	NO SALARY <input type="checkbox"/>	FULL SALARY <input type="checkbox"/>	OTHER <input type="checkbox"/>	%	19. IS THIS AN EXTENSION OF A PREVIOUS LEAVE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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C 20. I hereby certify that I have read the Standing Order of the Regents and the Regulations of the President governing the award of sabbatical leaves, and that I shall accept the requested leave, if granted, under the conditions set forth in these regulations and shall continue my service at the University following said leave for a period of at least equal to that period of the leave.

EMPLOYEE SIGNATURE _____ DATE _____

D 21. IF NECESSARY TO EMPLOY SUBSTITUTE, WHAT ADDITION TO DEPARTMENT BUDGET IS REQUIRED?

22. IF LEAVE IS GRANTED, WHAT DISTRIBUTION IS TO BE MADE OF APPLICANT'S CLASSES?

23. IF IN RESIDENCE IS REQUIRED, WHAT COURSES AND HOURS PER SEMESTER TO BE TAUGHT BY APPLICANT?		
SEMESTER: _____ HOURS _____ COURSES: _____ NAMES _____	SEMESTER: _____ HOURS _____ COURSES: _____ NAMES _____	SEMESTER: _____ HOURS _____ COURSES: _____ NAMES _____
DOES APPLICANT HAVE FULL RESPONSIBILITY FOR COURSES? <input type="checkbox"/> YES <input type="checkbox"/> NO	DOES APPLICANT HAVE FULL RESPONSIBILITY FOR COURSES? <input type="checkbox"/> YES <input type="checkbox"/> NO	DOES APPLICANT HAVE FULL RESPONSIBILITY FOR COURSES? <input type="checkbox"/> YES <input type="checkbox"/> NO

SABBATICAL LEAVE (APPLICANT PLEASE NOTE): This GREEN copy is returned to you as an indication of the Chancellor's action on your application for Sabbatical Leave. If you have any questions, please refer them to your department chairman or other immediate superior officer. Please read the Standing Order of the Regents governing the award of Sabbatical Leaves printed on this page.

SPECIAL LEAVE OF ABSENCE If you are on a Special Leave of Absence without pay, your group Life Insurance and Health Plan coverage will terminate unless you make special arrangements for continuance. If you do not make arrangements for such continuance, and the leave period exceeds two month, you must take action to restore your coverage upon your return. Re-establishment of coverage is not automatic.

REMARKS

PREPARED BY	PHONE NO.	EMPLOYEE	DATE
DEPARTMENT CHAIRPERSON	DEAN	PERSONNEL	DATE
RETN: ACCOUNTING - 5 YEARS AFTER SEPARATION ACADEMIC PERSONNEL - 5 YEARS OTHER COPIES 0 - 5 YEARS AFTER SEPARATION DEPARTMENT TEMPORARY COPY-UNTIL ACTION TAKEN	PROVOST	CHANCELLOR	DATE

APPROVAL