

DATE

NAME

ADDRESS

CITY/STATE/ZIP

Dear [CHAIR]

I have received the **attached** approval from the Office of the Provost for a *CHOOSE ONE*: sabbatical leave, unpaid leave *OR* short-term paid leave for the period starting on Dates \_ \_ / \_ \_/\_ \_ \_ \_ ] and ending on [Dates \_ \_ / \_ \_/\_ \_ \_ \_ ]. I was approved to return to work on [Dates \_ \_ / \_ \_/\_ \_ \_ \_]. However, [*ADD REASONS*], I am requesting a change in *select appropriate*: sabbatical activity plans *OR* revised dates. *NOTE:* *If a new sabbatical activity plan is being requested, please provide a description of the requested activity for which approval is being sought compared to the approved activity*.

[*CHOOSE ONE of the following:* The requested dates for my leave will remain unchanged if my new sabbatical plans are approved. *OR, If new dates are being requested for either an approved activity or a requested change in activity, please provide all of the following.]*

I am requesting a change in the leave dates to the following: begin on [Dates \_ \_ / \_ \_/\_ \_ \_ \_ ] and end on [Dates \_ \_ / \_ \_/\_ \_ \_ \_ ]. I will to return to work on [Dates \_ \_ / \_ \_/\_ \_ \_ \_].

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Requestor’s Signature Requestor’s Printed Name

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DEPARTMENT CHAIR DEAN, SCHOOL OF MEDICINE

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Date Date

Request for a paid leave of absence granted:

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Keith E. Whitfield, Provost Date