

SABBATICAL LEAVE DELAY FORM

Request for COVID-19 related unavoidable delay to an approved Sabbatical Leave scheduled to begin July 1, 2020

NAME:

DEPARTMENT: DEPT ID:

FACULTY:

ORIGINAL START DATE:

LENGTH OF APPROVED SABBATICAL:

LENGTH OF DELAY REQUESTED:

Describe the impact of COVID-19 on the plan and why a change is required:
(to be completed by the faculty member)

Please describe the re-assigned teaching workload during the period of delay. Please also provide a comparison to the Normal Workload of the Academic Unit and the usual workload of this faculty member:
(to be completed by the Unit head)

A separate letter may be attached, but explicit answers to the above questions must be provided.

Signature of Applicant:

Date:

Signature of Dean or Designate:

Date:

Signature of Provost or Vice-Provost (APP&F):

Date:

Print Form

Clear Form