

COVID-19 Sabbatical Credit Return Request

For sabbatical leaves that were taken and disrupted by the pandemic. Completed forms (with chair and dean input and approval) due to Academic Personnel (acadpers@uci.edu) by October 14, 2022.

EMPLOYEE NAME:	EMPLOYEE ID:	TITLE, RANK, AND STEP:
DEPARTMENT/UNIT:	SCHOOL NAME:	

Please attach your sabbatical leave form (UCI-AP-75) that was approved for sabbatical leave quarter(s) referred to in this request.

EMPLOYEE'S REQUEST

Quarter(s)/Semester(s) of Sabbatical Leave Impacted by COVID-19	<input type="checkbox"/> Winter 2020	<input type="checkbox"/> Spring 2020
	<input type="checkbox"/> Fall 2020	<input type="checkbox"/> Winter 2021
	<input type="checkbox"/> Spring 2021	
	<input type="checkbox"/> Fall 2021	<input type="checkbox"/> Winter 2022

Specific dates of disruption (e.g. March 5, 2020 - June 30, 2020):

Did you take a non-sabbatical leave (e.g. FML, EPSL) during the indicated dates of disruption? ☐ Yes ☐ No

For requests in Winter Quarter 2020 or Spring Quarter 2020, describe how COVID-19 disrupted your sabbatical scholarly activity including whether your scholarly work was reduced or entirely halted. For requests in any other quarter (Fall Quarter 2020 through Winter Quarter 2022) describe specific COVID-19 related disruptions that were not anticipated despite the ongoing pandemic, and indicate if scholarly work was reduced or halted.

CHAIR'S RECOMMENDATION

Based on the number of credits initially used for sabbatical leave (on UCI-AP-75 form), list the number of credits you are recommending to return, if applicable, and your reason(s) for supporting/not supporting this request.

Department Chair's Signature

Date

Printed Name

DEAN'S RECOMMENDATION

List the number of credits you are recommending to return, if applicable, and your reason(s) for supporting/not supporting this request.

Dean's Signature

Date

Printed Name

APPROVAL

Number of credits approved to be returned:

Vice Provost's Signature

Date

Printed Name