### 

**Sabbatical Postponement Request**

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| --- |
| Today’s Date: |

|  |
| --- |
| Name:  Department:  Center: |
|  |
| Originally approved sabbatical leave dates (from /to): |
| Dates you are requesting postponed sabbatical take place (from/to): |
| Reason for postponement request: |
|  |
|  |
| Provide details on how you anticipate postponing this sabbatical leave will impact the sabbatical plan  / Benefits to the SOM and the University: |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Request to Postpone Sabbatical Leave Approved by the Dean on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Office of Faculty Affairs April 1, 2025*