



This form is to be used for any faculty granted either a Sabbatical or Difference-in-Pay leave wishing to request an exception to the Conditions of Leaves as outlined in the Leave Application. Completed forms must be submitted to Faculty Affairs for Provost's review prior to the leave period.

**Name:** \_\_\_\_\_

**College:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Type of Leave:**      Sabbatical Leave      **Semester of Leave:** \_\_\_\_\_  
                                Difference-in-Pay Leave

**Rationale for request:**

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Request                      Approved                      Denied

Provost's Signature: \_\_\_\_\_ Date: \_\_\_\_\_