**REQUEST FOR EXTENSION TO FILE SABBATICAL LEAVE REPORT**

Request is due into the Instruction Office no later than the sabbatical leave report due date.

Name: Click here to enter name.

Department(s): Click here to enter department(s).

Sabbatical Leave for: Click here to enter semester and year.

I request an extension of time to file my sabbatical leave report due to extenuating circumstances. I understand that this is not an extension of time to complete the activities of the sabbatical leave.

REASON: (Please explain the extenuating circumstances in detail.)

EXPECTED DATE OF COMPLETION: Click here to enter expected date of completion.

DOCUMENTATION: Please include a copy of your approved Sabbatical Leave Application and any approved revisions, the report to the extent of completion, and brief documentation of sabbatical leave objectives, e.g. transcripts, etc.)

Click here to enter text.

Applicant’s Signature Date

Sabbatical Leave Committee Action:

[ ]  Approved

[ ]  Not approved

Copies to: Applicant Chairperson/Director Dean

Revised 6.21.17