CENTRAL ARIZONA COLLEGE
SABBATICAL LEAVE REQUEST

NAME _____ DATE_____

TITLE_____ CAMPUS_____

FULL TIME YEARS OF CONSECUTIVE SERVICE _____

INDICATE THE CRITERIA USED FOR THE SABBATICAL REQUEST

DESCIBE IN DETAIL YOUR SABBATICAL REQUEST (ADD INSERT PAGES AS REQUIRED)

SIGNATURE _____ DATE_____

COMMENTS FROM SUPERVISOR:_____

REVIEWED AND RECOMMENDATION:_____

VICE PRESIDENT'S RECOMMENDATION:_____

PRESIDENT'S ACTION APPROVED DENIED