CSN
COLLEGE OF
SOUTHERN NEVADA

Sabbatical Date Change Request

Submit to the department chair and dean for signature approval.
This document with signatures is to be forwarded to the Senate Chair, VPAA, and HR

Name: _____   **Department:** _____

Email: _____   **Ext/Sortcode:** _____

Original Leave Period:			**Proposed Change:**		
O Fall	O Spring	O Year	O Fall	O Spring	O Year

Reason for Change

_____   _____
[Faculty Member's Signature]   [Date]

Chair Name: _____   O Approve   O Disapprove

_____   _____
[Chair / Supervisor Signature]   [Date]

Dean Name: _____   O Approve   O Disapprove

_____   _____
[Dean's Signature]   [Date]