



Office of Academic Appointments

Jack and Pearl Resnick Campus
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 academicappointments@einsteinmed.edu

Executive Dean's Office Approval	
Signature _____	Date _____

Assistant Dean for Academic Administration Office Approval	
Signature _____	Date _____

SABBATICAL LEAVE DEPARTMENT REQUEST FORM

Personal Data			
Name (Last, First): _____			
Leave Start Date: _____		Leave End Date: _____	
Please provide a description of how you will spend your sabbatical leave: _____ _____			
Institution/University where you will spend your leave: _____			
Street: _____	Building: _____	Room Number: _____	
City: _____	State: _____	Zip: _____	Country: _____
Telephone: _____	Ext. _____	Fax: _____	Salary Source: _____

 Applicant's Signature

 Department

 Date

 Chair's Name (Primary Department)

 Signature

 Date

Please send this completed and signed Sabbatical Leave Department Request Form to the Office of Academic Appointments, Belfer Building, Room 1202.