



**Office of Academic Appointments**

Jack and Pearl Resnick Campus  
 1300 Morris Park Avenue, Belfer Room 902  
 Bronx, NY 10461  
 Phone: 718.430.2844  
 www.einsteinmed.edu/oa  
 academicappointments@einsteinmed.edu

Executive Dean's Office Approval	
Signature _____	Date _____

Assistant Dean for Academic Administration Office Approval	
Signature _____	Date _____

**SABBATICAL LEAVE DEPARTMENT REQUEST FORM**

<b>Personal Data</b>			
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 902.**