



Office of Academic Appointments

Jack and Pearl Resnick Campus
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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 902.