

Administrative Faculty Sabbatical Deadline Exception Request

Submit to Administrative Faculty Senate President

Applicant Information:

Name: _____

Department: _____

Email: _____ Phone: _____

Date of Request: _____

Exception Request Details:

Type of Exception Requested: *(Check one)*

☐ Waive deadline requirement

☐ Extend existing deadline

☐ Expedite review timeline

☐ Other: _____

Specific Deadline/Timeline Affected:

☐ Intent to Apply deadline (normally 45 days prior)

☐ Application submission deadline (Jan 1, Apr 1, Jul 1, Oct 1)

☐ Long-term priority deadline (Oct 1)

☐ Review timeline (supervisor/VP/committee 10-day periods)

☐ Other: _____

Proposed Alternative Timeline:

Current deadline: _____

Requested deadline: _____

Sabbatical start date: _____

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Justification for Exception:

Reason for Exception Request: *(Check primary reason)*

- ☐ Medical emergency/health crisis
- ☐ Family emergency requiring immediate attention
- ☐ Unexpected professional opportunity with time constraints
- ☐ Administrative error or miscommunication
- ☐ Late notification of sabbatical opportunity/funding
- ☐ Other compelling circumstances: _____

Detailed Explanation (required): *Provide specific details about the circumstances requiring this exception.*

Steps Already Taken: *Describe any efforts made to meet standard deadlines or work within existing timelines.*

Impact Assessment:

If exception is NOT granted: *Briefly describe the consequences (e.g., missed opportunity, delayed professional development, etc.)*

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Operational Impact: *How will granting this exception affect departmental operations, review processes, or other applicants?*

Supporting Information:

Supervisor Awareness:

- ☐ My supervisor is aware of this request and supports the exception
- ☐ My supervisor is aware but has concerns (explain below)
- ☐ My supervisor has not been notified
- ☐ Not applicable

Supervisor Comments: _____

Applicant Certification: I certify that the information provided is accurate and complete. I understand that granting this exception is at the discretion of the Administrative Faculty Senate President and that false information may result in denial of both this request and any related sabbatical application.

Applicant Signature: _____ **Date:** _____

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FOR AFS PRESIDENT USE ONLY

Date Received: _____

Initial Review:

- ☐ Exception request is reasonable and well-documented
- ☐ Exception request requires additional information
- ☐ Exception request appears inappropriate or insufficiently justified

Decision:

- ☐ **APPROVED** - Exception granted as requested
- ☐ **APPROVED WITH MODIFICATIONS** - See conditions below
- ☐ **DENIED** - Exception not granted

Conditions/Modifications (if applicable):

Rationale for Decision:

Notifications Required (Check all that apply):

- ☐ Sabbatical Leave Committee Chair
- ☐ Applicant's Supervisor
- ☐ Applicant's Vice President
- ☐ Human Resources
- ☐ Other: _____

AFS President Signature: _____ **Date:** _____

Decision Notification Date: _____