

Sabbatical Deadline Exception Request

Administrative Faculty Sabbatical Leave
BOR/SUOAF-AFSCME Contract | Article 24.8

Submit to the
AFS President

About This Form

The annual October 1 application deadline is designed to serve the majority of SUOAF applicants. This form exists for situations where a **compelling opportunity arises outside the normal application window**, or where documented circumstances prevented timely submission. The AFS President will review all requests with reasonable flexibility for legitimate professional and personal circumstances.

A. Applicant Information

Name _____

Department / Office _____

Email Address _____

Supervisor _____

Date of Request _____ Intended Sabbatical Start Date _____

B. Exception Request Details

Type of Exception Requested

Select one

- | | |
|---|---|
| <input type="checkbox"/> Waive deadline requirement | <input type="checkbox"/> Extend existing deadline |
| <input type="checkbox"/> Expedite review timeline | <input type="checkbox"/> Other: _____ |

Specific Deadline / Timeline Affected

Select one

- Intent to Apply deadline (August 15)
- Annual application deadline (October 1)
- Review timeline (supervisor / VP / committee 10-day periods)
- Other: _____

Proposed Alternative Timeline

Current deadline: _____

Requested
deadline: _____

C. Justification for Exception

Primary Reason for Request

Select one

- | | |
|--|---|
| <input type="checkbox"/> Medical emergency / health crisis | <input type="checkbox"/> Family emergency requiring immediate attention |
| <input type="checkbox"/> Unexpected professional opportunity with time constraints | <input type="checkbox"/> Late notification of sabbatical opportunity or funding |
| <input type="checkbox"/> Administrative error or miscommunication | <input type="checkbox"/> Other compelling circumstances: _____ |

Detailed Explanation

Provide specific details about the circumstances requiring this exception. Include relevant dates, names of opportunities or programs, and any documentation you can reference.

Steps Already Taken

Describe any efforts made to meet standard deadlines or work within existing timelines.

D. Impact Assessment

If exception is NOT granted:

Briefly describe the consequences — e.g., missed opportunity, delayed professional development, loss of funding.

Operational Impact:

How will granting this exception affect departmental operations, the review process, or other applicants?

E. Supervisor Awareness

My supervisor's status regarding this request:

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

Supervisor Comments:

F. Applicant Certification and Signature

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

Applicant Signature _____

Date _____

G. For AFS President Use Only

Date Received	
Initial Review	<input type="checkbox"/> Request is reasonable and well-documented <input type="checkbox"/> Request requires additional information <input type="checkbox"/> Request appears inappropriate or insufficiently justified
Decision	<input type="checkbox"/> APPROVED — Exception granted as requested <input type="checkbox"/> APPROVED WITH MODIFICATIONS — See notes below <input type="checkbox"/> DENIED — Exception not granted
Notes / Conditions <i>(if applicable)</i>	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>
Notifications Sent	<input type="checkbox"/> Sabbatical Leave Committee Chair <input type="checkbox"/> Applicant's Supervisor <input type="checkbox"/> Applicant's Vice President <input type="checkbox"/> Human Resources
AFS President Signature & Date	