

**UC Irvine Child Care Services
SABBATICAL LEAVE REQUEST**

Please Print Clearly.

Today's Date _____

Original Date of enrollment at CCSO _____

Child's Name	Birthdate	Center	Group
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Child's Name	Birthdate	Center	Group
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Final Day of Attendance at UCI Child Care Services	Requested Return Date
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Parent's Name	Parent's Name
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Department name and contact approving sabbatical _____

Current Address _____

Forwarding Address _____

Phone Number During Leave of Absence	Email Address
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What is the best way to contact you during your sabbatical _____

I understand that:

- **A sabbatical leave of absence may last 3 months minimum to one year maximum. This request must be given to the Child Care Services office forty-five (45) days before the start date of the leave. This temporary leave is in effect only as long as I maintain my UCI affiliation. I have attached written official verification of my continued UCI affiliation.. _____ Initial**
- My child's space in the program will be filled with another child as of the beginning of the approved leave. _____ Initial
- There is no guarantee that an appropriate opening will be available for my child immediately upon return from this leave or that the same tuition rate will be available. _____ Initial
- **It is my responsibility to confirm the return date(or any changes) in writing (letter/email) with the Child Care Services Office no less than 45 days in advance of my return. Failure to return from your sabbatical will result in your loss of initial enrollment date at Child Care Services.** This may impact your priority on future wait lists. _____ Initial
- I am responsible for my child's tuition through the final day of attendance stated above, even if the leave begins earlier than the requested date. _____ Initial
- I will pay an administrative fee of \$100 at the time of re-enrollment following the leave of absence.

Parent Signature	Date
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Parent Signature	Date
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Child Care Services Approval _____ Date _____