

CHANGE OF DUTY STATION (CODS) REQUEST FORM
University of California, Riverside

To: Vice Provost for Academic Personnel (Refer to Delegation of Authority for approval authority.)
Date:

1. Academic Appointee Information:

Name: Dept(s):
Title(s) College(s)/School(s):

2. Leave of Absence (LOA) Request

Include a leave of absence request form (UPAY 573). Form is attached.

3. CODS

a. Start Date and Return Date:
b. Quarter requested for CODS: Fall Winter Spring Summer Academic Year
c. The quarter for return to full duty is: Fall Winter Spring Summer Academic Year

4. Statement of CODS

- a. If the change of duty station involves research, explain why a change of duty station is being requested rather than a sabbatical leave.

- b. State precisely what research (or other activity) is to be undertaken. The statement should be clear that the same kind of work is being done as would have been done on the home campus, except that it is at a different location.

- c. Explain why the research/activity needs to be done at a different location and why it needs to be done at this particular time.

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- d. If not adequately covered on the UPAY 573 form, describe the coverage for teaching and service functions.

- e. I acknowledge that the services during the leave period will not be compensated by any outside agency.  
☐ Appointee's Initials

- f. If applicable, describe acceptable outside income (e.g. per diem, travel expenses, and additional compensation allowable under existing University regulations).

ACADEMIC APPOINTEE <i>I support the request</i> <input type="checkbox"/> <i>I do not support the request</i> <input type="checkbox"/>	SIGNATURE	DATE
DEPARTMENT CHAIR <i>I support the request</i> <input type="checkbox"/> <i>I do not support the request</i> <input type="checkbox"/>	SIGNATURE	DATE
DEAN <i>Approved</i> <input type="checkbox"/> <i>Denied</i> <input type="checkbox"/>	SIGNATURE	DATE
VICE PROVOST FOR ACADEMIC PERSONNEL	SIGNATURE	DATE