

**APPENDIX V
SABBATICAL LEAVE APPLICATION**

Title Page

Name: _____ Date: _____

Department: _____

Date of Full-Time Employment at the College: _____

Date of Previous Sabbatical (If Any): _____

Length of Sabbatical Requested _____ Full-Year _____ Half-Year _____ Semester

If Requesting a Half-Year Sabbatical, please choose one of the following.

_____ Summer D session and Fall Semester _____ Spring Semester and Summer B session

If Requesting a One Semester Sabbatical, please choose one of the following.

_____ Fall Semester _____ Spring Semester

The following signatures do not necessarily imply approval, but are necessary for appropriate notification to supervisors:

Department Head

Dean

Total application must be typed and
cannot exceed four (4) 8 ½" x 11" pages.

If you are chosen for a sabbatical leave, you will be required to sign a contract which specifies the required employment period following the return from the leave.

Approval of pursuit of a degree or coursework contained within the sabbatical application does not imply approval for the Educational Achievement Incentive Pay

