APPENDIX V SABBATICAL LEAVE APPLICATION

Title Page

Name:		Date:	
Department:			
Date of Full-Time Employment at the C			
Date of Previous Sabbatical (If Any):			-
Length of Sabbatical Requested	Full-Year	Half-Year	Semester
If Requesting a Half-Year Sabbatical, pl	ease choose or	ne of the following.	
Summer D session and Fall Seme	ester	Spring Semester and Su	ımmer B session
If Requesting a One Semester Sabbatic	al, please choo	se one of the following.	
Fall Semester Spring S	Semester		
The following signatures do not neces notification to supervisors:	ssarily imply a _l	oproval, but are necessary	y for appropriate
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

Sabbatical Leave Application

	d to all statements. Applicant is limited to no more than $\frac{\text{three}}{\text{three}}$ typewritten 8 ½" x 11" excluding the title page.
NAME:	DATE:
1.	Describe the purpose and nature of your sabbatical proposal.
2.	How will your sabbatical leave benefit students, the department, and the College?
3.	How will the sabbatical upgrade your personal and professional development?
0.	
4.	Other than your primary duties at the College, what have been your contributions to the College and/or the community?