APPENDIX V

SABBATICAL LEAVE APPLICATION TITLE PAGE

Name:		Date:	
Department:			
Date of Full-Time Employmer	nt at the College: _		
Date of Previous Sabbatical (It	f Any):		
Job Responsibilities:			
Education			
Education Degree:	Major	Year:	
Degree:	Major	Year:	
Degree:	Major	Year:	
Are You Requesting a: l Sabbatical?	Full Year ———	/Half Year /Semeste	er
1		to to	
The following signatures do appropriate notification to supe		imply approval, but are neces	sary for
Department Head	Dea	n	
Vice President, Academic Affa	airs		

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

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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

	and to all statements. Applicant is limited to no more than three typewritten 8 ages excluding the title page.	½" x
NAMI	E: DATE:	
1.	Describe the purpose and nature of your sabbatical proposal.	
2.	How will your sabbatical leave benefit students, the department, and the Colle	ege?
3.	How will the sabbatical upgrade your personal and professional development	?
4.	Other than your primary duties at the college, what have been your contributo the College and/or the community?	tions

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