

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.

SABBATICAL LEAVE APPLICATION

Respond to all statements. Applicant is limited to no more than **three** typewritten 8 ½" x 11" pages 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?
4. Other than your primary duties at the College, what have been your contributions to the College and/or the community?