



SABBATICAL LEAVE APPLICATION

Name: _____ Department: _____ Date: _____

Application Deadline: February 1st for either semester of the following academic year
(October 15th if slots remain available at that time for the following Spring semester)

I am applying for: Fall ____ Semester Spring ____ Semester Academic Year: _____

Have you taken a sabbatical leave while employed at MSJC? Yes If yes, when _____ No

INSTRUCTIONS: Address each of the items listed below in your proposal; sign this cover sheet and attach it to the proposal, submit your completed application to your Dean for signature and then forward to Human Resources for processing.

1. In what ways will a sabbatical leave contribute to the achievement of your long-range professional goals?
2. Describe how selected area(s) will help improve instruction and/or the institution.
3. What specific goals/objectives do you intend to accomplish, and give a detailed sequence of activities you propose to do to reach such objectives. (Include specific timelines for the completion of each objective. Attach course descriptions of any course work you plan to take.)
4. If you have a grant, fellowship or job experience offer, give the details, including any time limits that may pertain to your acceptance of it.
5. Describe how you plan to show completion of your stated objectives.
6. Describe the classes or program for which you would likely be responsible if you were on campus.
7. What part of your current responsibility could be omitted during your absence without unduly damaging the educational objectives of your area?
8. **Read and acknowledge the following important information by signing below:** "I have read all the conditions pertaining to sabbaticals leaves in the current Employee-Employer Agreement (CTA contract) and the regulations pertaining to rate of compensation, manner of compensation, contribution to State Teachers' Retirement System, and duty to the District upon return from my sabbatical leave. I understand that I am required to submit a written summary of my sabbatical leave activities to the appropriate Vice President within 30 days of my return from sabbatical leave.

Signature of Employee _____ Date _____

Signature of Supervising Dean _____ Date _____

Signature of Supervising VP _____ Date _____

Human Resources/Salary Advancement Committee Use Only

Number of years with the District: _____ Percentage of pay during sabbatical: _____ Verified By: _____

Recommendation of the Salary Advancement Committee: Approve Deny-Reason: _____

Signature of Committee Chairperson: _____ Date _____

Approval of the Superintendent/President: _____ Date _____

Board Agenda Date: _____