APPENDIX V SABBATICAL LEAVE APPLICATION

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, p	olease choose one o	of the following:	
Summer D session and Fall Se	emester	Spring Semester and Sum	nmer B session
If requesting a One Semester Sabbati	cal, please choose o	one of the following:	
Fall Semester	Spring Semester	r	
The following signatures do not necessorification to supervisors.	ssarily imply approv	val, but are necessary for a	appropriate
Department Head			
Dean			

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

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

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

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Respond to all statements. Applicant is limited to no more than three typewritten 8 %" x 11" pages excluding the title page.

NA	ME: DATE:
	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?