

**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, 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 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.**

