**BOARD OF TRUSTEES OF COMMUNITY TECHNICAL COLLEGES**

**CONGRESS BARGAINING UNIT**

**APPLICATION FOR SABBATICAL LEAVE**

|  |  |
| --- | --- |
| **Academic Year** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date |  |
|  |  |  |  |
| Position |  | College |  |

|  |  |
| --- | --- |
| Date of initial employment at the college |  |

|  |  |
| --- | --- |
| Date of previous leaves or other interruptions in service |  |

|  |
| --- |
|  |

**TYPE OF SABBATICAL LEAVE REQUESTED**

Select one:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Half-year/full-salary** |  | **Half-year/half-salary** |
|  |  |  |  |
|  | **Full-year/half-salary** |  | **Other (specify)** |

|  |  |  |  |
| --- | --- | --- | --- |
| Dates of proposed sabbatical leave |  | To |  |
|  |  |  |  |
| Alternative dates (if acceptable) |  | To |  |

|  |
| --- |
|  |

1. Objective of leave.
2. How will the leave contribute to your professional development?
3. How will the leave benefit the college?
4. On a separate page, describe in detail the activities to be undertaken during the sabbatical leave.
5. Do you expect to receive any remuneration other than your salary during the period of the leave (e.g., paid employment, retraining professional development)? If so, please describe the remuneration below.

|  |  |
| --- | --- |
| No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | If yes, please describe |  |

|  |
| --- |
|  |

1. In applying for this leave I understand that if granted a sabbatical, I will return to the college for at least one year of service following the leave. Furthermore, I agree that within 60 days of completion of the sabbatical, I will submit a written report of approximately 1,000 words detailing the accomplishments while on leave.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

|  |
| --- |
|  |

**RECOMMENDATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Supervisor |  | Yes |  | No |  |  |
|  |  |  |  |  | Signature | Date |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Committee |  | Yes |  | No |  |  |
|  |  |  |  |  | Signature | Date |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Dean |  | Yes |  | No |  |  |
|  |  |  |  |  | Signature | Date |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| President |  | Yes |  | No |  |  |
|  |  |  |  |  | Signature | Date |