

## Part I Sabbatical Leave Application Signature Page

Name:

Department:

Application Submission Date:

Full-time Hire Date (semester and year):

Semester and year of last sabbatical leave  
(or 'NA' if you have never taken a sabbatical leave):

Period of sabbatical leave requested:

- Academic School Year:
- Check (X) the length of Sabbatical Leave:
  - One semester (indicate semester of preference):
  - Or** One-year at 50% compensation (do not include unbanking),
  - Or** Variable (approval of Superintendent/President required prior to submission of application).

Date of proposed return to full-time service (if unbanking):

***Prior to submitting your application, perform the following steps:***

|  |                        |       |
|--|------------------------|-------|
| <b>Step 1:</b> Notify your Department Chairperson (or equivalent) of your intent to request a sabbatical leave, giving him/her the opportunity to consider staffing, budgets, previous evaluations and other issues.                   | Initials of applicant: | Date: |
| <b>Step 2:</b> Notify your Dean (or equivalent) of your intent to request a sabbatical leave, giving him/her the opportunity to consider staffing, budgets, previous evaluations and other issues.                                     | Initials of applicant: | Date: |
| <b>Step 3:</b> Notify your Vice President (or equivalent) of your intent to request a sabbatical leave, giving him/her the opportunity to consider staffing, budgets, previous evaluations, SLO assessment calendar, and other issues. | Initials of applicant: | Date: |
| <b>Step 4:</b> Submit application & application (hard copy and electronic copy) to SLC Administrative Secretary prior to deadline. SLC will review and make recommendations for revisions.   |                        |       |

**I understand that I must have six years of service prior to and between each sabbatical leave and certify that the foregoing is correct and that I will complete the requisite number of hours (576) in self-directed and/or academic studies:**

**Signature:**

***ELECTRONIC SIGNATURES ARE ACCEPTABLE on hard copy:***

**APPROVALS** *(applicant should not write below this line)*

| Title                          | Approved (Yes/No) | Signature | Date |
|--------------------------------|-------------------|-----------|------|
| SLC Chair                      |                   |           |      |
| AS President                   |                   |           |      |
| Superintendent/<br>President   |                   |           |      |
| Board of Trustees<br>President |                   |           |      |