

APPLICATION FOR SABBATICAL

- 1. Read College Policy number 6.14.
- 2. Complete this application. Please type all responses.
- 3. Submit this application to the Vice President for Academic Affairs.
- 4. Deadline for submission: Must be completed and submitted to the Office of the President during the once-a-year Call for Applications.

Name:		CF ID No	.:
Last	First	Middle	
Campus:	Department:		
Position:			
Telephone:	Email:		
Length of Employment:			
Sabbatical Requested to Begin:		_ Sabbatical Requested to End:	
Total Number of Working Days:			

COMPLETE THIS SECTION ONLY IF YOU HAVE PREVIOUSLY BEEN GRANTED A SABBATICAL.

Dates of Last Sabbatical: (MM/	YY)	=
Major Purpose of Sabbatical:	Study	Writing
Other: (please describe)		

 College of Central Florida does not discriminate against any person on the basis of race, color, ethnicity, religion, gender, pregnancy, age, marital status, national origin, genetic information, sexual orientation, genetic information, orientation, genetic information, sexual orientation, ge

PROGRAM OBJECTIVES:

On separate sheets of paper, explain briefly but thoroughly:

- 1. Relationship of sabbatical to College mission statement and priority objectives
- 2. How your sabbatical will be of benefit to the college
- 3. How your sabbatical relates to your current position at the college
- 4. The objectives of your sabbatical. If your objective is a program of study at a university, include courses to be taken and college to be attended along with supportive documentation. If your objective is writing/publishing, include a description of the work proposed/in progress. If your proposal does not fall into either of these categories, include sufficient supportive detail along with your objectives.

WORK ASSIGNMENT (To be completed by immediate supervisor) Describe the normal work assignment during the period of requested sabbatical.

Describe how the work assignment will be handled during the sabbatical.

 College of Central Florida does not discriminate against any person on the basis of race, color, ethnicity, religion, gender, pregnancy, age, marital status, national origin, genetic information, sexual orientation, gender identity, veteran status or disability status in its programs, activities and employment. For inquiries regarding nondiscrimination policies contact Dr. Mary Ann Begley, Director of Diversity and Inclusion – Title IX Coordinator, Ocala Campus, Building 3, Room 117H, 3001 S.W. College Road, 352-291-4410, or Equity@ct.edu

 AA-17MKPR
 www.CF.edu
 352-873-5800
 1/16/2014
 Page 2 of 3

PROPOSAL ACKNOWLEDGEMENT AND SUPPORT

The following signatures and dates must be obtained to complete the application process. If the sabbatical is not supported, a reason must be stated in the space provided.

 I support the proposed sabbatical I do not support the proposed sabbatical (state reason why not) 		
	Date:	
Supervisor/Program Facilitator Signature		MM/DD/YY
I support the proposed sabbatical		
I do not support the proposed sabbatical (state reason why not)		
	Date:	
Dean/Provost/Director Signature		MM/DD/YY
I support the proposed sabbatical		
I do not support the proposed sabbatical (state reason why not)		
	Date:	
Vice President for Academic Affairs Signature		MM/DD/YY
If awarded a sabbatical, I agree to return for the school year immediately follow	wing the	expiration of the sabbatical.
	Date:	
Applicant Signature		MM/DD/YY

Applicant Signature