



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)

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.

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)

Supervisor/Program Facilitator Signature

Date: _____
MM/DD/YY

- I support the proposed sabbatical
- I do not support the proposed sabbatical (state reason why not)

Dean/Provost/Director Signature

Date: _____
MM/DD/YY

- I support the proposed sabbatical
- I do not support the proposed sabbatical (state reason why not)

Vice President for Academic Affairs Signature

Date: _____
MM/DD/YY

If awarded a sabbatical, I agree to return for the school year immediately following the expiration of the sabbatical.

Applicant Signature

Date: _____
MM/DD/YY