

BOARD OF TRUSTEES OF COMMUNITY-TECHNICAL COLLEGES  
CONGRESS BARGAINING UNIT  
APPLICATION FOR SABBATICAL LEAVE  
Academic Year 2012-13

Only those who will have completed six (6) consecutive years of full-time services by the beginning date of a proposed sabbatical leave are eligible to apply. This application must be submitted to the President's Office no later than **November 1, 2012** for sabbatical leave during the 2013-14 academic year.

Name \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ College Three Rivers Community College

Date of initial employment at the college \_\_\_\_\_

Dates 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 \_\_\_\_\_

I. Objective of the leave:

II. How will the leave contribute to your professional development?

III. How will the leave benefit the college?

IV. On a separate page, describe in detail the activities to be undertaken during the sabbatical leave.

V. Do you expect to receive any remuneration other than your salary during the period of the leave (e.g., paid employment, retraining professional development, etc)? If so, please describe the remuneration below.

\_\_\_\_\_ No

\_\_\_\_\_ Yes (Please describe)

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 \_\_\_\_\_