



### Fulltime Regular Faculty Sabbatical Leave Application and Contract

\*\*\*Only Fulltime Regular Faculty are eligible to apply. The term "regular faculty" comes from [Board Policy 3-10](#) and refers to regular, non-provisional faculty.

Date of Application Submission:		College:	
Applicant Full Name:			
Applicant Department:		Fulltime Regular Hire Date:	
Applicant Email:		Applicant S#:	
Requested Sabbatical Length:	<input type="checkbox"/> One Semester	<input type="checkbox"/> Full Year	Requested Start Date:
Requested Sabbatical Type (select one):	<input type="checkbox"/> Research and Publication	<input type="checkbox"/> Professional Creative Work	
	<input type="checkbox"/> Curriculum Development	<input type="checkbox"/> Professional Development	
	<input type="checkbox"/> Discipline and Profession Relevancy	<input type="checkbox"/> Other: _____	

**NOTE:** Sabbatical is a privilege, rather than a right, and subject to availability of resources. Sabbatical applicants should contact their College President's Office to determine internal college resource availability and requirements for application and approval.

### Sabbatical Application Agreements

Initial next to each statement

- \_\_\_ I understand that the complete application must be submitted six months in advance of planned sabbatical.
- \_\_\_ I understand that I must have completed six consecutive full-time academic year contracts to be eligible.
- \_\_\_ I understand that I must have been in good performance standing for the past 3 years to be eligible.
- \_\_\_ I understand that sabbatical can only be taken once in every six consecutive full-time contract years.
- \_\_\_ I understand that I will receive full pay plus benefits for a one semester sabbatical or half pay plus benefits for a two-semester sabbatical.
- \_\_\_ I understand that sabbatical and final reporting will be part of my annual performance evaluation.
- \_\_\_ I understand that published works resulting from sabbatical are subject to BP 3-90 copyrights and patents.
- \_\_\_ I understand that sabbatical plan revisions must be approved by my College President and CCCS Vice Chancellor for Academic and Student Affairs.
- \_\_\_ I understand that I must submit a final sabbatical report within the first semester of my return.
- \_\_\_ I understand that sabbatical reports are public documents to be shared within my college and CCCS.
- \_\_\_ I understand that I must complete one full-time contract year following sabbatical or I may be required to repay sabbatical salary and benefits costs.
- \_\_\_ I understand that I must fulfill all requirements of the sabbatical plan or I may be required to repay sabbatical salary and benefits costs.



## Sabbatical Application Requirements Checklist

Completed application packet should contain each of the following:

- This completed and signed application form (which serves as your application packet cover page)
- Sabbatical Plan and Timeline addressing each of the following:
  - How the sabbatical will impact the faculty member’s professional growth
  - How the sabbatical will enhance the College’s role and mission and its students’ educational experience
  - How the sabbatical meets and forwards Board priorities, the CCCS Strategic Plan, and/or the College strategic plan
  - How the sabbatical will increase the overall level of knowledge in the faculty member’s discipline and/or profession

**By applying my signature below, I agree to the obligations, procedures, and conditions contingent to Sabbatical Leave as set forth in BP 3-65 and SP 3-65a.**

### REQUIRED SIGNATURES

<b>APPLICANT NAME &amp; SIGNATURE</b>	<b>DATE</b>
<b>SUPERVISOR NAME &amp; SIGNATURE</b>	<b>DATE</b>
<b>COLLEGE PRESIDENT NAME &amp; SIGNATURE</b>	<b>DATE</b>
<b>CCCS VICE CHANCELLOR FOR ACADEMIC AND STUDENT AFFAIRS NAME &amp; SIGNATURE</b>	<b>DATE</b>