

APPENDIX D-2: SABBATICAL LEAVE APPLICATION COVER SHEET

(Submit original and 5 copies)

This application should be completed after you have read the accompanying application instructions.

Name _____ Date of Application _____

College _____

I have read and understand the provisions of Article 9 and Appendix D1: Sabbatical Leave Application Instructions of the YCCD/YFA Faculty Contract, including the Consequences of Noncompletion.

Faculty Applicant's Signature

Date

I have reviewed the faculty member's application and we have discussed coverage of the faculty member's duties for the duration of the sabbatical.

Immediate Supervisor's Signature

Date

1. **Certification of Eligibility (For use by HUMAN RESOURCES only)**

_____ Date of hire

_____ Number of years since last sabbatical report was submitted

_____ Number of sabbatical semesters taken since hire date

Employee is eligible for a one-semester sabbatical

Employee is eligible for a one-year sabbatical

Human Resources

Date

2. **Term(s) of Leave Request (Check as appropriate)**

Fall, 20__ **Spring, 20__** **Working Sabb. – Fall, 20__ & Spring, 20__**

3. **Purpose of Leave (Check after reading application instructions)**

_____ **Academic Study**

_____ **Independent Study**

_____ **Travel**

_____ **Professional Growth/Creative Activity**

_____ **Combination of those checked above**

_____ **Retraining**

4. **Attachments:**

- Abstract**
- Proposal for Leave Activities**
- Proposal for Evidence of Completion**

APPROVALS:

5. Approved Unapproved

Sabbatical Leave Chairperson Date

6. Approved Unapproved

College Vice President Date

7. Approved Unapproved

College President Date

8. Approved Unapproved

District Chancellor Date
(on behalf of Board of Trustees)