

APPENDIX D-4: SABBATICAL LEAVE REPORT COVER SHEET

Consistent with Article 9 of YCCD/YFA Faculty Contract, the following report is submitted signifying compliance with the approved sabbatical leave proposal and contract and/or its approved amendments.

1. Name of Sabbatical Leave Recipient _____

2. College _____

3. Inclusive Dates of Leave _____

4. **Attachments**

_____ **Summary**

_____ **Report on Leave Activities**

_____ **Evidence of Completion**

_____ **Copy of the Original Sabbatical Leave Application**

_____ **Copy of Written Rationale and President's Approval for Amendments**

5. I affirm that I have completed my sabbatical leave contract as granted or as amended:

Signature of Faculty Member

Date

6. **The Sabbatical Leave Report was submitted within 45 calendar days** of the beginning of the semester following the leave. Eligibility for the next sabbatical will be based on years from the *beginning* of this semester.

The Sabbatical Leave Report was NOT submitted within 45 calendar days of the beginning of the semester following the leave. Eligibility for the next sabbatical will be based on the years from the *end* of this semester.

Signature of Chairperson of Sabbatical
Leave Committee

Date

7. *Sabbatical leave contract as approved or as amended has been completed.*

Signature of College President

Date

8. *Sabbatical leave contract as approved or as amended has been completed.*

Signature of District Chancellor

Date