

**SABBATICAL LEAVE APPLICATION/REVISION**

\_\_\_\_ Fall \_\_\_\_\_  
\_\_\_\_ Spring \_\_\_\_\_  
\_\_\_\_ Fall \_\_\_\_\_ and Spring \_\_\_\_\_

**Application must be submitted to the Office of Instructional Services by November 1.**

Name:	Department(s):
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**ORIGINAL APPLICATION**

**REVISION**

**SECTION 1: ABSTRACT - Please provide information about your Sabbatical Leave proposal. Write a one-paragraph abstract of your proposal. This abstract will be presented to the Governing Board.**

**REVISED ABSTRACT – This column is used for revisions only. The proposal for revision must be signed by the chairperson/director and dean, and submitted to the Sabbatical Leave Committee **PRIOR TO IMPLEMENTATION OF THE REVISED PROPOSAL.** Revise the one-paragraph abstract as appropriate.**

State reason/rationale for revising proposal:

<p><b>SECTION 2: SUMMARY - Summarize the objectives, activities and the estimated amount of time devoted to each activity. The total amount of time should reflect a minimum of 720 hours or a full load of course study, or a combination equal to a full time commitment. Complete Forms A, B, and/or C as they apply to your proposal.</b></p>			<p><b>REVISED SUMMARY: Identify <u>ALL</u> objectives, activities and estimated amount of time devoted to each activity, not just the revised objectives.</b></p>		
<p><b>Objectives :</b></p>	<p><b>Activities:</b></p>	<p><b>Estimated Hours/Units:</b></p>	<p><b>Objectives :</b></p>	<p><b>Activities:</b></p>	<p><b>Estimated Hours/Units:</b></p>

**SECTION 3: BENEFITS TO THE DISTRICT AND STUDENTS**  
Describe the expected benefits to the District and students. (e.g. what classroom or other materials do you expect to develop as a result of this sabbatical leave?)

**REVISED BENEFITS TO THE DISTRICT AND STUDENTS**  
This column is used for revisions only. Indicate any changes to the expected benefits to the District and students.



**SECTION 6: FINAL REPORT - Describe in detail what you will submit to the Sabbatical Leave Committee to document that the objectives/activities set forth in this proposal have been reached.**

**REVISED FINAL REPORT - Describe in detail what you will submit to the Sabbatical Leave Committee to document that the objectives/activities set forth in this proposal have been reached. Include detail for the entire Sabbatical Leave, not just the revised portion.**



**Form A – Study**

**Form A – Study (Revised)**

<p><b>Institution</b></p> <p><b>Dates of Study:</b></p> <p><b>Course(s) of Study (specific classes, programs, number of units, etc.) Due to possible course cancellations, list alternatives in addition to the courses you plan to take. (e.g. you might list 10 courses from which you will actually choose four.) Attach verification from the institution if a full load of course study is defined as less than 12 units.</b></p>	<p><b>Institution</b></p> <p><b>Dates of Study:</b></p> <p><b>Course(s) of Study:</b></p>
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**Form B - Research**

**Form B – Research (Revised)**

**Proposed Topic:**

**Proposed Topic:**

**Methods:**

**Methods:**

**Resource (persons, institutions, etc):**

**Resource:**

**Form C – Creative Work**

**Form C – Creative Work (Revised)**

**Nature of activity or project:**

**Nature of activity or project:**

**Resources:**

**Resources:**

**SABBATICAL LEAVE APPLICATION**

**SIGNATURES:**

If the applicant holds 40 percent or more contract assignment in a different department, signatures from both chairpersons/directors are required throughout the process.

\*Comments required for non-endorsement.

_____	_____	_____	_____
Chairperson/Director or Department Representative if applicant is Chairperson/Director	Endorse	*Do Not Endorse	Date

_____	_____	_____	_____
Dean	Endorse	*Do Not Endorse	Date

Comments required for disapproval/not recommend.

_____	_____	_____	_____
Vice President	Approve	Disapprove	Date

_____	_____	_____
**Sabbatical Leave Committee	Recommend Date _____	Not Recommend

_____	_____	_____
**Superintendent/President	Recommend Date _____	Not Recommend

_____	_____	_____	_____
**Governing Board	Approval	Does Not Approve	Date

\*\*Office of Instructional Services will obtain signatures.

**REVISION**

**SIGNATURES:**

\*Comments required for non-endorsement.

_____	_____	_____	_____
Chairperson/Director or Department Representative if applicant is Chairperson/Director	Endorse	*Do Not Endorse	Date

_____	_____	_____	_____
Dean	Endorse	*Do Not Endorse	Date

+Comments required for disapproval.

_____	_____	_____	_____
**Sabbatical Leave Committee	Approve +Disapprove	Date	

\*\* Office of Instructional Services will obtain signatures.

Name

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