

PLEASE TYPE

SABBATICAL LEAVE REPORT: REQUEST FOR APPROVAL

The Sabbatical Leave documentation and this form are due to the Office of Instructional Services by September 1 following a Spring or full year sabbatical leave, or by April 1 following a Fall sabbatical leave.

**A copy of the approved Sabbatical Leave Application and any approved revisions must be attached to the report.**

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*To be completed by applicant:*

Name \_\_\_\_\_

Department(s) \_\_\_\_\_

Sabbatical Leave for \_\_\_\_\_  
Semester(s)/Year

*1. Describe in detail how your sabbatical leave has been beneficial to you, your students, and the district.*

2. I certify that I have completed the objectives set forth in the Sabbatical Leave Application, and subsequent revisions if any were approved, and that the documentation of those objectives is attached (see #6 from the Sabbatical Leave Application).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*To be completed and signed by Reviewers:*

I have reviewed and evaluated the report based on the approved proposal and subsequent revisions, if applicable.

\*Comments required.

\_\_\_\_\_  
Chairperson/Director or Department Representative  
if applicant is Chairperson/Director

\_\_\_\_\_  
Report is  
Satisfactory

\_\_\_\_\_  
\*Report is Not  
Satisfactory

\_\_\_\_\_  
Date

\*Comments required.

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Report is  
Satisfactory

\_\_\_\_\_  
\*Report is Not  
Satisfactory

\_\_\_\_\_  
Date

Report Committee established by Sabbatical Leave Committee.

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

\_\_\_\_\_  
Date

Report Committee submitted report to Sabbatical Leave Committee

\_\_\_\_\_  
Date

\*\*Comments and recommendation required.

\_\_\_\_\_  
Sabbatical Leave Committee Co-Chairs

\_\_\_\_\_  
Report is  
Satisfactory

\_\_\_\_\_  
\*\*Report is Not  
Satisfactory

\_\_\_\_\_  
Date

\_\_\_\_\_ Accepted by Governing Board as Satisfactory Report  
Date

\_\_\_\_\_ Other Action by Governing Board  
Date