**SABBATICAL LEAVE REPORT**

**REQUEST FOR APPROVAL**

The Sabbatical Leave document and this form are due to the Office of Instructional Services by September 1 following a Spring or full year 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.**

**To be completed by applicant (PLEASE TYPE):**

|  |  |  |
| --- | --- | --- |
| Name: Type name here.  Department: Type department here. | Semester  Fall  Spring  Full Year | Year: Type year here. |

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

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

1. 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 document of those objectives is attached (see Part IV for the Sabbatical Leave Application).**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Date

*To be completed by Reviewers:*

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

|  |  |  |
| --- | --- | --- |
| **Reviewer** | **Report is Satisfactory** | **Report is not Satisfactory (Comments required)** |
|  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chairperson/Director or Department Representative, if applicant is Chairperson/Director  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |  |  |
|  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Division Dean  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |  |  |
|  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sabbatical Leave Committee Co-Chair (Faculty)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sabbatical Leave Committee Co-Chair (Vice President, Instruction)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |  |  |

|  |  |  |
| --- | --- | --- |
| Report Committee established by Sabbatical Leave Committee  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes | No |
| Report Committee submitted to Sabbatical Leave Committee  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes | No |
| Result: | | |

Report submitted to Superintendent/President for placement in the Library

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_