

**APPLICATION FOR SABBATICAL LEAVE**

Please use Adobe Reader or Acrobat Pro ONLY available here to fill out this form digitally. (Mac users, please DO NOT use Preview.)

Date	Name	ID#	College/Center Assignment
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Please answer the following questions:

1. Have you ever taken a sabbatical leave? YES NO If so, when? \_\_\_\_\_
2. Have you ever taken any other kind of long-term leave? YES NO If so, when? \_\_\_\_\_
3. Have you been employed in this district for six (6) consecutive years? YES NO

**Consult Your Campus Professional Advancement Committee for Specific Deadlines  
(See Part V of Leave Procedures)**

Sabbatical leave options and amount of compensation requested in accordance with the applicable provisions of the California Education Code and the Policies and Procedures of the San Diego Community College District.

A sabbatical leave is requested for the following period of the 20 \_\_\_\_\_ - 20 \_\_\_\_\_ school year.

**10 Month Employees**

- ☐ Full Academic Year (50%)
- ☐ Fall Semester Only (100%)
- ☐ Spring Semester Only (100%)
- ☐ Two non-sequential Semesters within a 36-month period (50%)

**11/12 Month Employees**

- ☐ Full Fiscal Year (50%)
- ☐ 1st 6 months of the Fiscal Year (100%)
- ☐ 2nd 6 months of the Fiscal Year (100%)
- ☐ Quarter (Indicate 1st, 2nd, 3rd, or 4th) \_\_\_\_\_
- ☐ Two non-consecutive quarters (100%)
- ☐ Two months in summer for 3 consecutive summers (100%)

**Adjunct Employees**

- ☐ Fall Semester Only
- ☐ Spring Semester Only

**Purpose of Leave**

- ☐ Academic Coursework ☐ Retraining ☐ Research ☐ Teaching, Learning, & Appropriate Instructional & Student Services Activity

**Method of Compensation**

The Employee requests that sabbatical leave compensation to be paid under the plan checked below:

- ☐ **Option 1:** If the leave is for a period of one year, the faculty member may receive compensation in two equal installments at the end of the first and second year of service rendered in the District following return from leave. If the leave is for a period less than one year, the faculty member may receive the total compensation at the end of the first year of service rendered in the District following return from leave.
- ☐ **Option 2:** Regardless of the length of leave, the faculty member may receive compensation in the same manner as if he/she had remained in active service.
- ☐ **For Adjunct Faculty only:** Compensation will be paid out in one semester equal to their average FTEF from the previous two semesters worked. **Adjunct faculty may not choose Option 1 or Option 2.**

**Signature of Applicant (Sabbatical Abstract and Plan Attached)**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Click in the signature field above to sign digitally (or configure a new digital ID if signing for the first time.)  
PLEASE DO NOT use the "Sign" (Pen Nib) tool above to initial, draw, or place your digital signature on the signature line.

## APPLICATION

Please number all pages in consecutive order (so that the committee can be sure that there are no pages missing).

Applicants, Chairs, and Deans should be careful not to list applicant's name anywhere on the application except on the cover page and the signature sheet.

Please be advised that all units taken during a Sabbatical Leave may be used for salary advancement.

## ABSTRACT

Provide an abstract summarizing the description of your proposed leave plan in a paragraph of about 100 words. This part of your application will become part of the Board Docket. Please include the following information as part of the abstract:

- 1. Need for the Professional Growth - describe the purpose of the leave.**
- 2. Sabbatical Activities - describe what you plan to do.**
- 3. Anticipated Outcomes - describe the primary outcome; instructor and classroom teaching outcomes; professional/faculty relationship outcome; student outcomes.**
- 4. Means of Measurement - describe what evidence you will submit to demonstrate achievement of your outcomes.**
- 5. Benefit to District**

## PLAN

Provide a full description of the proposed sabbatical leave including the following information in your sabbatical plan. It is recommended that you include a separate section for items 1-6 listed below.

As you prepare this plan, it is also strongly recommended that you consult with the Department Chair/Supervisor and/or School Dean/Manager prior to the third Friday in February to address any issues or to provide additional information or clarification regarding the proposed plan.

You may also consult with any member of your college's professional growth/development committee.

- 1. Need for Sabbatical - How does your plan meet the need for professional growth and development as well as benefits to the students, colleagues and college?**
- 2. Description of Overall Plan - A detailed course of action that is consistent with the statement of purpose and nature of the leave.**
- 3. Objectives - What do you plan to accomplish and how will you measure it?**
- 4. Evidence of Completion - Reports, Video, Transcripts.**
- 5. Relevancy to Current/New Assignment and Improvement of Student Learning**
- 6. Timeline - What is the timeline for accomplishing your objectives? This timeline must take place only during the semester of your proposed sabbatical leave.**

## RECOMMENDATIONS AND SIGNATURES

### (Application for Sabbatical Leave)

Name of Applicant: \_\_\_\_\_ ID# \_\_\_\_\_ Campus \_\_\_\_\_ Ph# \_\_\_\_\_

Click in the signature fields below to sign digitally (or configure a new digital ID if signing for the first time.)  
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#### DEPARTMENT CHAIR

RECOMMEND

CONDITIONAL RECOMMENDATION\*

NOT RECOMMENDED\*

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Must include written statement to specify or document conditions or reasons for a conditional recommendation or not recommended.

#### DEAN/MANAGER

RECOMMEND

CONDITIONAL RECOMMENDATION\*

NOT RECOMMENDED\*

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Must include written statement to specify or document conditions or reasons for a conditional recommendation or not recommended.

#### COLLEGE PROFESSIONAL ADVANCEMENT COMMITTEE CHAIR

RECOMMEND

CONDITIONAL RECOMMENDATION\*

NOT RECOMMENDED\*

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Must include written statement to specify or document conditions or reasons for a conditional recommendation or not recommended.

#### VICE PRESIDENT

RECOMMEND

CONDITIONAL RECOMMENDATION\*

NOT RECOMMENDED\*

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Must include written statement to specify or document conditions or reasons for a conditional recommendation or not recommended.

#### PRESIDENT

RECOMMEND

CONDITIONAL RECOMMENDATION\*

NOT RECOMMENDED\*

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Must include written statement to specify or document conditions or reasons for a conditional recommendation or not recommended.

APPROVED BY BOARD OF TRUSTEES ON: DATE \_\_\_\_\_

SABBATICAL LEAVE RECORDED BY HUMAN RESOURCES: \_\_\_\_\_ DATE \_\_\_\_\_