

SALARY AND LEAVES COMMITTEE

2019-20

APPLICATION FOR SABBATICAL LEAVE

Name of Applicant: _____ Date: _____

Department: _____ Division: _____

Email: _____ Ext.: _____ Phone (cell/home): _____

Address: _____

City: _____ Zip: _____

Dates of Adjunct Employment at Mt. SAC: _____ Accumulated LHE: _____

Dates of Full Time Employment at Mt. SAC: _____ Dates of last sabbatical: From _____ To _____

Any Previous Sabbatical Leave(s)? No/Yes If yes, dates: From _____ To _____

Previous Leave(s) of Absence or breaks in service in the past 10 years?

Yes/No Dates: _____ Paid? Yes/No

Length of sabbatical leave requested:

10 Month: One semester ☐ Two semesters ☐ **11/12 Month:** Half Year ☐ Full Year ☐

Effective dates for proposed sabbatical leave:

10 Month: Fall (year) _____ Spring (year) _____

11/12 Month: Start Date _____ End Date _____

☐ Formal Study ☐ Independent Study ☐ Work Experience

☐ Combination (specify) _____

I plan to use banked leave to supplement my sabbatical leave. ☐ No ☐ Yes*

*(*If yes, you must submit a separate "Use Banked Leave" form to your Division office, be approved by your Dean, and received by Human Resources by the third week of the semester preceding your leave.)*

ATTACHMENTS NEEDED

- ☐ A THREE TO FOUR SENTENCE ABSTRACT OF YOUR PLAN FOR PREPARATION OF THE BOARD OF TRUSTEES AGENDA.
- ☐ A COMPREHENSIVE, WRITTEN STATEMENT OF THE PROPOSED SABBATICAL ACTIVITY(IES) INCLUDING:
 - DESCRIPTION OF THE NATURE OF THE ACTIVITY(IES)
 - TIMELINE OF THE ACTIVITY(IES)
 - PROPOSED RESEARCH DESIGN AND METHOD(S) OF INVESTIGATION, IF APPLICABLE
- ☐ A STATEMENT OF THE ANTICIPATED VALUE AND BENEFIT OF THE PROPOSED SABBATICAL ACTIVITY(IES) TO THE APPLICANT, HIS/HER DEPARTMENT OR SERVICE AREA, AND THE COLLEGE.
- ☐ LETTERS OF RECOMMENDATION (ENCOURAGED).
- ☐ ACADEMIC REFERENCE LIST/ WORKS CITED/SELECTED BIBLIOGRAPHY

Any change or modification of the proposed sabbatical activity(ies) as evaluated and approved by the Salary and Leaves Committee must be submitted (in writing) to the Committee for reconsideration.

Applicant's Signature: _____ Date: _____

APPLICATION FOR SABBATICAL LEAVE – CONT'D

Applicant: _____

ACKNOWLEDGMENT BY THE DEPARTMENT/DIVISION

- The acknowledgment signatures reflect awareness of the sabbatical plan for the purpose of personnel replacement.
- Department chairs and appropriate administrators are required to submit a statement regarding the value of the sabbatical plan to the College, division/department, and individual, directly to the Office of Instruction.
- Applicants must obtain the signatures of acknowledgment prior to submitting application to the Salary and Leaves committee.

Department Chairperson:

Name: _____ Signature: _____ Date: _____

☐ I certify that this leave will not be detrimental to the department. (16.K.7)

Division Dean:

Name: _____ Signature: _____ Date: _____

☐ I certify that this leave will not be detrimental to the department. (16.K.7)

ACKNOWLEDGMENT OF THE APPROPRIATE VICE PRESIDENT (INSTRUCTION OR STUDENT SERVICES)

Signature: _____ Date: _____

Received in Instruction by: _____ Date: _____

SALARY AND LEAVES COMMITTEE

2019-20

Applicant: _____

For Salary and Leaves Committee use:

Received by Office of Instruction

Date: _____

By: _____

Application - Complete/Incomplete? ☐ Complete ☐ Incomplete
(If Incomplete applicant is given 5 working days to resubmit)

Date returned to applicant: _____

Due date for resubmission: _____

Date resubmission received: _____

Date: _____

By: _____

Complete application sent to individual Committee Members for review: _____

Reviewed by Committee as a whole:

Action:

☐ Acceptable

☐ Conditionally Acceptable with Additional Information

▪ Additional information requested. Due back by: _____

☐ Not acceptable – Not recommended to the Board of Trustees

Review of Conditionally Accepted Applications:

☐ Acceptable

☐ Not Acceptable – Not recommended to the Board of Trustees

Recommendation:

☐ Recommended to Board of Trustees

Ranked as # _____ of _____ (# of applications)

Notification:

Date: _____

By: _____

☐ Applicant notified of Committee Action

☐ Applicant notified of Board of Trustees Action

Signature: _____ Date: _____
Chairperson, Salary and Leaves Committee