**Application for Sabbatical Leave**

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| Name of Applicant: |  |  | Date: |  |

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| Department: |  | Division: |  |

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

|  |  |
| --- | --- |
| Address: |  |

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| City: |  | | | Zip: |  |
| Dates of Adjunct Employment at Mt. SAC: | |  | Accumulated LHE: | |  |

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

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

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| 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **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) | | | |  | | | |
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|  | | | | **11/12 Month:** | | | | | Start Date | | | | | |  | | | | | | | | | | End Date | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Formal Study | | | |  |  | | | Independent Study | | | | | | |  | |  | | Work Experience | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | Combination (specify) | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |

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| I plan to use banked leave to supplement my sabbatical leave. |  | No |  | Yes\* |
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| *(\*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.

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| Applicant’s Signature: |  | Date: |  |

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| 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.

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| **Department Chairperson**: | | | | | |  | |  | | |
|  | | | | | | | | | | |
| Name: | | |  | Signature: |  | | Date: | |  | | |
|  | | | | | | | | | | |
|  | I certify that this leave will not be detrimental to the department. (16.K.7) | | | | | | | |

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| **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)

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| Signature: |  | | Date: | |  |
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|  | | | | | | |
| Received in Instruction by: | |  | Date: |  | |