



# SALARY AND LEAVES COMMITTEE

## 2020-21

### 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 WRITTEN IN THIRD PERSON.
- ☐ 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: \_\_\_\_\_

Vice President of Instruction

/Volumes/S\_A\_InstructionOffice\_departmentshare/Laura/Salary and Leaves/Sabbatical/Sabbatical Leave Packages/2021 Sabbatical Leave Package 041320 v2.docx

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## APPLICATION FOR SABBATICAL LEAVE – CONT'D

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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.

#### **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: \_\_\_\_\_

## APPLICATION FOR SABBATICAL LEAVE – CONT'D

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