



BOARD OF REGENTS
A.F.S.C.M.E. Admin. BARGAINING UNIT
APPLICATION FOR SABBATICAL LEAVE
 Academic Year _____

This application must be submitted to the office of the President no later than **November 15th**. Only those who will have completed six consecutive years of full-time service by the beginning date of a proposed sabbatical leave are eligible to apply.

NAME:	
COLLEGE:	GATEWAY COMMUNITY COLLEGE
CLASSIFICATION / POSITION:	
DATE OF INITIAL EMPLOYMENT AT THE COLLEGE:	

Dates of previous leaves or other interruptions in service:

TYPE OF SABBATICAL LEAVE REQUESTED

Select one:

- Half-year / full salary**
 Half year / half salary
 Full-year / half-salary
 Other (specify)*

*

Dates of Proposed sabbatical leave _____ to _____

Alternative date (if acceptable) _____ to _____

I. Objective of the leave.

II. How will the leave contribute to your professional development?

III. How will the leave benefit the college?

IV. On a separate page, describe in detail the activities to be undertaken during the sabbatical leave.

V. Do you expect to receive any remuneration other than your salary during the period of the leave (e.g., paid employment, retraining, professional development?) If so, please describe the remuneration below.

No
Yes If yes, please describe

VI. In applying for this leave I understand that if granted a sabbatical I will return to the college for at least one year of service following the leave. Furthermore, I agree that within 60 days of completion of the sabbatical I will submit a written report of approximately 1,000 words detailing the accomplishments while on leave.

Signature: _____ Date: _____

RECOMMENDATION

Supervisor yes no Signature: _____ Date: _____

Dean yes no Signature: _____ Date: _____

President yes no Signature: _____ Date: _____