

BOARD OF REGENTS AFT BARGAINING UNIT APPLICATION FOR SABBATICAL LEAVE

Academic Year _____

Only those who will have completed six (6) consecutive years of full-time services by the beginning date of a proposed sabbatical leave are eligible to apply. This application must be submitted to the President's Office no later than **November 15**th.

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 SABBAT Select one:	ICAL LEAVE REQUESTED					
Half-year / full-salary	☐ Half-year / half-salary					
Full-year / half-salary	Other (specify)					
Dates of proposed sabbatical leave to						
Alternative dates (if acceptable) to						
I. Objective of the leave:						

II.	How will	the leave co	ntribute to yo	ur professiona	al development?			
III.	How will the leave benefit the college?							
IV. leave.	On a sep	arate page, c	lescribe in det	ail the activition	es to be undertak	ken during the	sabbatical	
	e.g., paid eration b	employment	•		r than your salary velopment, etc)?			
Yes (Please describe)								
least o	ne year o sabbatica	f service follo	owing the leave t a written rep	e. Furthermo	abbatical I will ref re, I agree that w mately 1,000 wo	rithin 60 days o	of completion	
Signati	ure				Date			
Superv	visor _	yes	RE no	ECOMMENDA [*] Signature	TION		 Date	
Comm	ittee _	yes	no	 Signature			 Date	
Dean	_	yes	no	Signature			 Date	
Preside	ent _	yes	no	Signature			 Date	