

BOARD OF REGENTS CONGRESS 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 COLLEG	SE:					
Dates of previous leaves or other interruptions in	n 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 dates (if acceptable)	to					

I. Objective of the leave.

II.	How w	ill the leav	ve contribut	e to your profession	al development?	
III.	How w	ill the leav	ve benefit th	e college?		
IV.	On a se	eparate pa	age, describe	e in detail the activit	ies to be undertaken during the sabbatic	al leave.
V.	•	•	raining, pro		er than your salary during the period of the ent?) If so, please describe the remunera	
VI.	of serv	ice followi	ing the leave	e. Furthermore, l ag	nted a sabbatical I will return to the colle gree that within 60 days of completion of words detailing the accomplishments whi	the sabbatical I will
Signatu	ıre:				Date:	
				RECOM	MMENDATION	-
Superv	isor	yes	□no	Signature:	Date:	
Commi	ttee	yes	□no	Signature:	Date:	
Dean		□yes	□no	Signature:	Date:	_
Preside	ent	yes	□no	Signature:	Date:	