

## APPLICATION FOR SABBATICAL LEAVE FORM

### Cover Sheet:

\_\_\_\_\_ *Date*                      \_\_\_\_\_ *Name*                      \_\_\_\_\_ *S. S. #*                      \_\_\_\_\_ *College/Center Assignment*

**Please answer the following questions:**

1. Have you ever taken a sabbatical leave?  Yes  No If so, when? \_\_\_\_\_
2. Have you ever taken any other kind of long-term leave?  Yes  No If so, when? \_\_\_\_\_
3. Have you been employed in this district for six (6) consecutive years?  Yes  No

**THE DUE DATE FOR ALL SABBATICAL LEAVES IS THE THIRD FRIDAY IN FEBRUARY** (See Part V of Leave Procedures)

### **Sabbatical Leave Options and Amount of Compensation Requested**

In accordance with the applicable provisions of the California Education Code and the Policies and Procedures of the San Diego Community College District, a sabbatical leave is requested for the following period of the 20\_\_-20\_\_ school year;

#### **10-Month Employees**

- Full academic year (50%)
- Fall semester only (100%)
- Spring semester only (100%)
- Two non-sequential semesters within a 36-month period (50%)  
(\_\_\_\_\_ semester, 20\_\_-20\_\_  
(\_\_\_\_\_ semester, 20\_\_-20\_\_  
and \_\_\_\_\_ semester, 20\_\_-20\_\_)

#### **11/12-Month Employees**

- Full fiscal year (50%)
- First six months of the Fiscal Year (100%)
- Second six months of the Fiscal Year (100%)
- Quarter (indicate 1st, 2nd, 3rd, or 4th)  
Two nonconsecutive quarters (100%)
- Two months in summer for three consecutive summers (100%)

### **Purpose of Leave**

- Academic Coursework
- Retraining
- Research
- Teaching, Learning and Appropriate Instructional and Student Services Activity

### **Method of Compensation**

The employee requests that sabbatical leave compensation be paid under the plan checked below:

- A. Option 1. If the leave is for a period of one year, the faculty member may receive compensation in two equal installments at the end of the first and second year of service rendered in the District following return from leave. If the leave is for a period less than one year, the faculty member may receive the total compensation at the end of the first year of service rendered in the District following return from leave.
- B. Option 2. Regardless of the length of leave, the faculty member may receive compensation in the same manner as if he/she had remained in active service.

### **Signature of Applicant**

My Sabbatical Abstract and Plan are attached.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**See reverse side for plan and abstract format. Refer to SDCCD Sabbatical Leave Procedure for specific information. This document is available online. A sample is included.**

(Application for Sabbatical Leave)

**Plan:**

**Provide a full description of the proposed sabbatical leave** including the following information in your sabbatical plan. As you prepare this plan, it is strongly recommended that you consult with the Department Chair/Supervisor and/or School Dean/Manager prior to the third Friday in February to address any issues or to provide additional information or clarification regarding the proposed plan. You may also consult with any member of your college's professional growth/development committee.

1. **Need for Sabbatical** – how does your plan meet the need for professional growth and development as well as benefits to the students, colleagues and college?
2. **Description of Overall Plan** – a detailed course of action that is consistent with the statement of purpose and nature of the leave.
3. **Objectives** – What do you plan to accomplish and how will you measure it?
4. **Evidence of Completion** – reports, video, transcripts.
5. **Relevancy to Current/New Assignment and Improvement of Student Learning**
6. **Timeline** – What is the timeline for accomplishing your objectives?

**Abstract:**

**Provide an abstract summarizing the description of your proposed leave plan** in a paragraph of about 100 words. This part of your application will become part of the Board Docket. Please include the following information as part of the abstract:

1. **Need for the Professional Growth** – describe the purpose of the leave.
2. **Sabbatical Activities** – describe what you plan to do.
3. **Anticipated Outcomes** – describe the primary outcome; instructor and classroom teaching outcomes; professional/faculty relationship outcome; student outcomes.
4. **Means of Measurement** – describe what evidence you will submit to demonstrate achievement of your outcomes.
5. **Benefit to District**

**(Application for Sabbatical Leave)**

**Recommendations and Signatures:**

**Name of Applicant** \_\_\_\_\_ SS# \_\_\_\_\_ Campus Site \_\_\_\_\_ Phone \_\_\_\_\_

**Department Chair** Recommendation: Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ Recommend                      \_\_\_\_\_ Conditional Recommendation\*                      \_\_\_\_\_ Not Recommended\*

\_\_\_\_\_

**Dean/Manager** Recommendation: Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ Recommend                      \_\_\_\_\_ Conditional Recommendation\*                      \_\_\_\_\_ Not Recommended\*

\_\_\_\_\_

**College Professional Development Committee Chair** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Ranking \_\_\_\_\_

\_\_\_\_ Recommend                      \_\_\_\_\_ Conditional Recommendation\*                      \_\_\_\_\_ Not Recommended\*

\_\_\_\_\_

**Vice President** Recommendation: Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ Recommend                      \_\_\_\_\_ Conditional Recommendation\*                      \_\_\_\_\_ Not Recommended\*

\_\_\_\_\_

**President** Recommendation: Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ Recommend                      \_\_\_\_\_ Conditional Recommendation\*                      \_\_\_\_\_ Not Recommended\*

\_\_\_\_\_

**\*Must include written statement to specify/document conditions or reasons.**

**Approved by Board of Trustees on** \_\_\_\_\_

Date

**Sabbatical Leave Recorded by Human Resources** \_\_\_\_\_ Date \_\_\_\_\_

San Diego Community College District  
3375 Camino del Rio South  
San Diego, CA 92108-3883

(Application for Sabbatical Leave)

### TUITION REIMBURSEMENT APPROVAL FORM

**SUBJECT TO AVAILABLE FUNDING, A MAXIMUM OF \$2,000 MAY BE REIMBURSED IN ANY ACADEMIC YEAR.**

**SUBMIT PRIOR TO/OR WITH APPROVED SABBATICAL APPLICATION FORM**

**If not submitted with sabbatical leave application, please attach an approved copy of your sabbatical proposal and signature page.**

Name of Applicant \_\_\_\_\_ SSN # \_\_\_\_\_ Date \_\_\_\_\_

College/Area of Assignment \_\_\_\_\_ Office/Work Location Room# \_\_\_\_\_ Phone# \_\_\_\_\_

Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I request approval for reimbursement of tuition, which will be paid for, upon my successful completion of the following course(s) at:

\_\_\_\_\_ Name of Accredited Institution

\_\_\_\_\_ Location of Campus Where Classes Meet

Subject	No.	Title	Units	Start Date	End Date	Amount of Tuition

**Total Reimbursement** \_\_\_\_\_

**This is to certify that I have not or will not receive tuition funds from the SDCCD in excess of 100% of the cost of this activity.**

**Applicant's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

FISCAL YEAR _____	<u>ENCUMBRANCE</u>	ACTIVITY _____
Date _____	LOC. _____	AMOUNT \$ _____
Action _____	FUND/PROG _____	DATE _____
Disapproved _____	OBJECT _____	
Approved _____	INITIAL _____	

***Upon completion of coursework, return this signed form with transcripts of credit and original receipts to: Instructional Services, Room 315, District Offices, Phone 619-388-6965 for processing.***

(Tuition Reimbursement Approval Form)

**Recommendations and Signatures:**

**Name of Applicant:** \_\_\_\_\_

Campus Site \_\_\_\_\_

**Department Chair:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Recommend \_\_\_\_\_ Conditional Recommendation \_\_\_\_\_ Not Recommended\*

\_\_\_\_\_  
\_\_\_\_\_

**Dean/Manager:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Recommend \_\_\_\_\_ Conditional Recommendation \_\_\_\_\_ Not Recommended\*

\_\_\_\_\_  
\_\_\_\_\_

**College Professional Development Committee Chair:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Recommend \_\_\_\_\_ Conditional Recommendation \_\_\_\_\_ Not Recommended\*

\_\_\_\_\_  
\_\_\_\_\_

**Vice President:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Recommend \_\_\_\_\_ Conditional Recommendation \_\_\_\_\_ Not Recommended\*

\_\_\_\_\_  
\_\_\_\_\_

**President:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Recommend \_\_\_\_\_ Conditional Recommendation \_\_\_\_\_ Not Recommended\*

\_\_\_\_\_  
\_\_\_\_\_

\*Must include written statement to specify/document conditions or reasons for a conditional recommendation or not recommended.

(Application for Sabbatical Leave)

## REVISION TO SABBATICAL LEAVE APPLICATION FORM

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**SS.#:** \_\_\_\_\_

**College/Center Assignment:** \_\_\_\_\_

**Date of Original Application:** \_\_\_\_\_

**Date of any other Revisions:** \_\_\_\_\_

**Purpose of Leave:**

- Academic Coursework
- Retraining
- Research
- Teaching, Learning and Appropriate Instructional and Student Services Activity

**Describe in detail the revisions made from your original Sabbatical Abstract and Plan.**

**Describe the rationale for the changes to your Sabbatical Leave Application.**

**(Page 2 of Revision to Sabbatical Leave Application Form)**

**Recommendations and Signatures:**

**Name of Applicant** \_\_\_\_\_ SS# \_\_\_\_\_ Campus Site \_\_\_\_\_ Phone \_\_\_\_\_

**Department Chair** Recommendation: Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ Recommend      \_\_\_\_\_ Conditional Recommendation\*      \_\_\_\_\_ Not Recommended\*

**Dean/Manager** Recommendation: Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ Recommend      \_\_\_\_\_ Conditional Recommendation\*      \_\_\_\_\_ Not Recommended\*

**College Professional Development Committee Chair** \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_ Ranking \_\_\_\_\_

\_\_\_\_ Recommend      \_\_\_\_\_ Conditional Recommendation\*      \_\_\_\_\_ Not Recommended\*

**Vice President** Recommendation: Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ Recommend      \_\_\_\_\_ Conditional Recommendation\*      \_\_\_\_\_ Not Recommended\*

**President** Recommendation: Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ Recommend      \_\_\_\_\_ Conditional Recommendation\*      \_\_\_\_\_ Not Recommended\*

**\*Must include written statement to specify/document conditions or reasons.**

**Approved by Board of Trustees on** \_\_\_\_\_

**Date**

**Sabbatical Leave Recorded by Human Resources** \_\_\_\_\_ **Date** \_\_\_\_\_