Collin County Community College District

**APPLICATION FOR SABBATICAL LEAVE**

**Instructions**

Please complete this application by responding to **all** items. Attach requested documentation (in the order requested) and secure the appropriate signatures prior to submitting the application to the chair of the Sabbatical Leave Committee. **Please submit the original and 10 copies.**

**Name** **CWID**

**Title Division**

**Have you ever been granted a sabbatical? ­ If yes: Dates of Prior Sabbatical(s):**

**Please provide a brief description of your *previous* sabbatical project:**

**Sabbatical Leave Period Being Requested**

**Dates: Beginning Date Ending Date**

**Length:** [ ] One semester [ ] Two semesters [ ] Other

**Applicant’s Agreement**

## ABSTRACT

Please give a summary description of the project and its significance in improving teaching and learning at Collin College. Please use language that can be readily understood by persons in areas of expertise other than your own. **PLEASE DO NOT EXCEED SPACE PROVIDED BELOW**.

If granted a sabbatical leave by Collin County Community College District (Collin College), I agree to return to Collin College for one full year upon completion of the sabbatical leave. I further agree to abide by the Sabbatical Leave Contract, and Sabbatical Leave Policies and Guidelines.

*Applicant: Date:*

**Verification of Eligibility**

**(This section should be completed by the Dean/Director/Supervisor after verifying the eligibility of the applicant with Human Resources.)**

Collin College employee, , [ ] is [ ] is not\* eligible to be considered by the Sabbatical Committee for sabbatical leave.

\*Not eligible due to:

 [ ] Less than five (5) years of service [ ] Currently in non-exempt position

 [ ] Prior sabbatical completed within last five (5) years [ ] On Sabbatical Committee

 [ ] Other

*Dean/Assoc. Dean/Director/Supervisor: Date:*

### Approval Path

[ ] Recommended [ ] Not recommended

Justification:

*Dean/Assoc. Dean/Director/Supervisor: Date:*

[ ] Recommended [ ] Not recommended

Justification:

*Sabbatical Committee Chair:*  Date:

[ ] Recommended [ ] Not recommended

Justification:

*Vice President/Provost:*  Date:

[ ] Recommended [ ] Not recommended

Justification:

*Executive Vice President:*  Date:

[ ] Recommended [ ] Not recommended

Justification:

*District President:*  Date:

*Board of Trustees*: [ ] Approved [ ] Not Approved Date:

**Dates of Approved Sabbatical Leave:**

 **Beginning Date: Ending Date:**