

**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:

- | | |
|--|---|
| <input type="checkbox"/> Less than five (5) years of service | <input type="checkbox"/> Currently in non-exempt position |
| <input type="checkbox"/> Prior sabbatical completed within last five (5) years | <input type="checkbox"/> On Sabbatical Committee |
| <input type="checkbox"/> 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: _____