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: Date:**

**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 a 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 completed service [ ] Currently in non-exempt position

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

 [ ] Other

*Dean/Director/Supervisor: Date:*

### Approval Path

[ ] Recommended [ ] Not recommended

Justification:

*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:**