

APPENDIX D - SABBATICAL LEAVE APPLICATION

Copper Mountain Community College District
Sabbatical Leave Application

Name _____

Date _____

Sabbatical leave period requested:

Number of semesters (1 or 2): _____

Alternating _____

If one semester: Spring _____

Fall _____

Beginning date: _____

Ending date: _____

Type of sabbatical program – check all that are applicable:

_____ Professional Study

_____ Project / Creative Work

_____ Travel
Academic)

_____ Research (Applied and/or

Date of full-time employment at CMCCD: _____

Have you had previous sabbaticals? _____ If “yes,” give time period(s) and activity(ies)

GENERAL SUMMARY OF SABBATICAL PROGRAM

(Give a 100-word maximum statement)

Sabbatical Leave Application

Name _____

PROPOSED SABBATICAL – INCLUDING OBJECTIVES AND EVIDENCE OF COMPLETION

Describe the sabbatical, including specific objectives and the evidence that will accompany your report, which indicates that you have met each objective. Be sure the kind and scope of your sabbatical activities are clearly delineated. As you develop your proposal, keep in mind that the product of your approved sabbatical leave program will be subject to review by the sabbatical Leave Committee at the time of making your final report.

If granted sabbatical leave, I hereby agree to abide by the terms of the regulations governing sabbatical leave. I understand that my violation of the terms of the regulations governing sabbatical leaves could result in any one or a combination of the following actions:

- An immediate revocation of the sabbatical leave and/or a leave of absence without pay during all or some of the time previously requested for purpose of sabbatical leave.
- Responsibility for restitution to the District for funds received for the sabbatical leave.
- Loss of step advancement on the salary schedule for the year in which the sabbatical was taken.

It is understood that action to implement any of these would require consideration by the Sabbatical Leave Committee, the Academic Senate, the Superintendent/President and approval by the Board of Trustees and would be implemented by the Superintendent/President of the College or his or her designee.

I hereby further agree to remain in the service of Copper Mountain Community College District for at least two (2) years after a one-year sabbatical. In the case of a one (1) semester sabbatical, I agree to remain in the service of Copper Mountain Community College District for at least one (1) year. If I am responsible for terminating my connection with the District prior to the time designated above, I agree to refund to the District within three (3) months the amount paid during this period of sabbatical leave, provided however, that in case of a permanent disability due to ill health or accident, or death, neither I nor my heirs shall be obligated to refund any part of the amount paid me as salary while on sabbatical leave.

Signature of Applicant

Date

Action of Sabbatical Leave Committee

Date

Action of Academic Senate

Date

Action of Supervising Administrator

Date

Action of Superintendent/President

Date

Action of Board of Trustees

Date