

Sabbatical Leave Application Signature Page

Section 1: Applicant Information

Name: _____

Department: _____

Title: _____

Full-Time Hire Date (Semester and Year): _____

Most Recent Sabbatical (Semester and Year or "N/A"): _____

Section 2: Requested Sabbatical Period *(Select one.)*

- Fall Semester Only (Full Pay)
- Spring Semester Only (Full Pay)
- Full Academic Year (50% Pay)
- Variable (Superintendent/President pre-approval required)

Semester and Year of Proposed Return to Full-Time Service: _____

Section 3: Pre-Application Checklist and Certification

Step	Initials
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Notified Department Chair (or equivalent)	_____
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Notified Dean (or equivalent)	_____
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Notified Vice President (or equivalent)	_____
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Reviewed STRS credit/pay/benefits with HR (optional)	_____
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- I meet eligibility requirements for sabbatical leave (six years of service).
- I have completed the required notifications outlined above.
- I understand a minimum of 576 hours of professional development activities is required during sabbatical.
- I understand my application, if approved, is a formal agreement with the Board of Trustees.

Applicant Signature: _____ Date: _____

Section 4: Internal Routing *(Office Use Only)*

Approver	Approve (Y/N)	Signature	Date
SLC Chair	_____	_____	_____
Superintendent/President	_____	_____	_____
Board of Trustees	_____	_____	_____