BARTON COMMUNITY COLLEGE

SABBATICAL LEAVE APPLICATION FORM

(Copies of Sabbatical Leave Guidelines are online at

<http://docs.bartonccc.edu/procedures/2426-sabbaticalleave.pdf>).

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|  | Name: |  |

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| --- | --- | --- |
|  | Department/Division: |  |

|  |  |  |
| --- | --- | --- |
|  | Position: |  |

|  |  |  |
| --- | --- | --- |
|  | Tenure Date: |  |

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| --- | --- | --- |
|  | Dates of previous sabbatical leaves at Barton: |  |

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| --- | --- | --- |
|  | Sabbatical option desired: |  |
|  | 🞏 | Academic year (fall and spring semester) at half salary. |
| Dates of leave: |  |
|  |  |  |
|  | 🞏 | One Semester (fall or spring) at full salary. |
| Dates of leave: |  |

|  |  |
| --- | --- |
|  | Please attach a detailed description of your plan of work for the sabbatical. The plan of work should include the following: |
|  | a. | A brief (<500 words) description of the objectives of the leave. |
|  | b. | Activities needed to implement the objectives. |
|  | c. | Time table for sabbatical leaves activities. |
|  | d. | Travel necessary to implement plan of work. |
|  | e. | Expected professional and scholarly outcomes resulting from sabbatical. |
|  | f. | Copy of the invitation from another institution or industry, if appropriate. |
|  | g. | Indicate if sabbatical leave is externally funded in any way and provide details.  |
|  | h. | Contributions you can provide to your department and college as a result of your leave. |

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|  | Please attach a statement from the Dean which describes the merits of the proposed leave and how duties will be covered. |

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|  | I understand that I may not receive a salary, grant or stipend from another source while on leave. |

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|  | Signatures: |
|  |  |  |  |
|  | Employee |  | Date |

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|  |  |  |  |
|  | Dean |  | Date |