

Austin Community College  
Faculty Sabbatical Leave Application

Date Application Received

[For use by Professional Development and Evaluation Office only]

This application must be completed and submitted to the Professional Development and Evaluation Office (HBC 604) for consideration on or before the Sabbatical Leave deadline, which is the first weekday of December. Please contact the Professional Development and Evaluation Office (223-7997) regarding questions about this application or the sabbatical procedure.

*NOTE: Only complete applications will be considered.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Datatel ID: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Discipline/Program/Department: \_\_\_\_\_

Hire Date of Staffing Table Employment: \_\_\_\_\_

Length of Leave Requested:

\_\_\_\_\_ One year (10.5 month contract)  
\_\_\_\_\_ One Fall Semester      \_\_\_\_\_ One Spring Semester      \_\_\_\_\_ One Summer Semester  
\_\_\_\_\_ Days

Requested Period of Leave:

From: \_\_\_\_\_ To: \_\_\_\_\_

Please provide the following, with documentation:

- a detailed narrative describing the proposed sabbatical experience, including how the experience will benefit you and/or teaching/learning or other ACC activities;
- documentation, if appropriate, confirming receipt of any award, grant, fellowship or other arrangements (admission to program of academic study, etc.) relative to the proposed sabbatical experience;
- proposed course inventory to be completed during the sabbatical experience, if appropriate;
- a statement indicating how you wish to share intellectual property rights of products developed during the leave with the College, if appropriate;
- copies of your summary employment evaluations for the most recent three years.



If sabbatical leave request is approved, I agree to the following:

- 1) I agree to remain employed at Austin Community College for a period of time equal to the length of the leave.
- 2) I agree to submit a written Sabbatical Leave report of my experience to my supervisor and to the Professional Development and Evaluation Office within 90 days of returning to work and to be available for presentations about the sabbatical experience, the benefit gained from the leave, and other appropriate related topics.
- 3) If this agreement is not fulfilled, I agree to repay any money paid to me while on leave from Austin Community College.

Intellectual Property:

\_\_\_ I wish to exempt any products that may be developed as a consequence of my sabbatical leave from Intellectual Property consideration. (Copyright Ownership Agreement Form attached.\*)

\_\_\_ I do not wish to exempt any products that may be developed as a consequence of my sabbatical leave from intellectual Property consideration.

ACC's Copyright Ownership Policy is at <http://irt.austincc.edu/copyright/>.

\* Locate Copyright Ownership Agreement Form at <http://irt.austincc.edu/copyright/ownership/ownerforms.html>.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Signature over the designated disciplines/offices indicates that this proposal is recommended for a sabbatical leave for the applicant.

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President

\_\_\_\_\_  
Date

\_\_\_\_\_  
President

\_\_\_\_\_  
Date



Professional Development and Evaluation Programs  
Office of Human Resources, HBC 604  
512-223-7997