

Austin Community
College
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 608.5) for consideration on or before the Sabbatical Leave deadline, which is November 14, 2011.

Please provide all of the documentation listed on the required cover checklist located at <http://www.austincc.edu/hr/profdev/documents/Sabb-check-all.pdf>. No application will be accepted without the completed and attached cover checklist.

Please contact the Professional Development and Evaluation Office (223-7564) 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: _____

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.

Signature of Applicant	Date
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Recommendation Signatures

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

Immediate Supervisor	Date
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Next Level Supervisor	Date
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Highest level Supervisor (EVP or VP/AVP/Exec Director if there is no EVP for the area)	Date
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Final Approval

President	Date
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