

**BOARD OF REGENTS FOR HIGHER EDUCATION**

**CONNECTICUT STATE COLLEGES & UNIVERSITIES**

**CONGRESS BARGAINING UNIT**

**APPLICATION FOR SABBATICAL LEAVE**

Academic Year 2016-17

This application must be submitted to the Office of the President no later than **November 1, 2016** for sabbatical leave during the 2017-18 academic year. Only those who will have completed six (6) consecutive years of full-time service by the beginning date of a proposed sabbatical leave are eligible to apply.

|  |
| --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  College: Northwestern Connecticut Community College  Classification / Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of initial employment at the College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dates of previous leaves or other interruptions in Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**TYPE OF SABBATICAL LEAVE REQUESTED**

Select one:

Half-year/Full-salary  Half-year/Half-salary

Full-year/Half salary  Other (specify)

Dates of proposed sabbatical leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternative dates (if acceptable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I.** Objective of the leave.

**II.** How will the leave contribute to your professional development?

**III.** How will the leave benefit the College?

**IV.** On a separate page, describe in detail the activities to be undertaken during the sabbatical leave.

**V.** Do you expect to receive any remuneration other than your salary during the period of the leave (e.g., paid employment, retraining professional development)? If so, please describe the remuneration below.

No

Yes If yes, please describe:

**VI**. In applying for this leave I understand that if granted a sabbatical I will return to the College for at least one (1) year of service following the leave. Furthermore, I agree that within sixty (60) days of completion of the sabbatical I will submit a written report of approximately 1,000 words detailing the accomplishments while on leave.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**SABBATICAL LEAVE RECOMMENDATION**

Supervisor  Yes  No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Committee  Yes  No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Dean  Yes  No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

President  Yes  No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date