



APPLICATION FOR SABBATICAL LEAVE

PART I: To be completed by the Applicant and submitted to the Sabbatical Committee Chair:

I. Name: _____ Date: _____

II. Dates and Type of Last Leave: _____ to _____
(dates) (type)

III. Dates of the Leave Requested: _____ to _____
(dates)

IV. Summarize the purpose of the leave on separate sheets. Procedures and criteria for sabbatical leaves are outlined in the *MSC Professional Personnel Employment Handbook*, September 15, 2004 (Section V. A.).

V. Conditions of Employment Upon Return:

Upon my return to the campus on ____/____/____, it is understood that I shall hold the
(date)

position of _____ at a salary to be
(academic rank or administrative title)

determined by _____
(method and/or person)

VI. I hereby formally request a sabbatical leave for the period indicated above. My sabbatical leave plan is attached. I have read the Trustees' and College's sabbatical leave policies and agree to comply therewith, including, if my sabbatical leave is approved, submission of a final sabbatical report to the President and Trustees upon completion of my sabbatical leave. I acknowledge that failure to achieve the goals specified in my sabbatical leave plan will disqualify me from eligibility for subsequent sabbaticals. Further, I expressly understand and agree that I must reimburse the College and Trustees for all salary, benefits and other compensation received while on sabbatical leave if I fail to return to the College for a full year of employment upon completion of my sabbatical leave.

Applicant Signature: _____ Date: _____

Recommended /Not Recommended: _____ Date: _____
Department Head (if applicable)
Note: Also requires submission of Part II. directly to VPAA.

Recommended /Not Recommended: _____ Date: _____
Sabbatical Committee Chair

Recommended /Not Recommended: _____ Date: _____
Vice President for Academic Affairs

Recommended /Not Recommended: _____ Date: _____
President



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Sabbatical Applicant Name: _____

PART II: To be completed by the Applicant’s Academic Department Head and submitted directly to the Vice President for Academic Affairs:

Description of Course Coverage if Sabbatical Leave Approved by Board of Trustees (check all that apply):

___ Not offer coursework for sabbatical term

___ Use courses through Colorado Consortium

___ Use department funds (estimated amount)

___ Use other funding sources. If checked, please indicate source and estimated amount:

_____ (source(s))
\$ _____ (amount)

___ Apply for funds from central administration pool. If checked, estimate amount that is requested: \$ _____ (amount)

Other information related to request:

Requested by: _____ Date: _____
Department Head

Approved /Not Approved: _____ Date: _____
Vice President for Academic Affairs