CLACKAMAS COMMUNITY COLLEGE
SABBATICAL LEAVE APPLICATION

NAME: ______________________________________________

DATE: ___________________

DEPARTMENT: _____________________________________________________________

TERM(S)/YEAR REQUESTED:__________________________________________________

Type your responses to the following, two pages single-spaced maximum in total.

1. Please state the specific purpose(s) of your sabbatical.

2. Please identify the specific proposed activities for your sabbatical.

3. Please identify your specific professional outcomes.

4. Briefly describe how your sabbatical activities will benefit the college and your students.

• Attach a copy of your current Professional Development Plan.

• Submit your completed application to Human Resources. The Senate Sabbatical Leave Committee will review and verify your application before it goes to an administrator.

On signing and submitting the Sabbatical Application form, you agree to the following conditions:

• To work on appropriate sabbatical activities as outlined in the current Faculty Agreement. Article 18 states: “Sabbatical leave may be granted for the purpose of research, writing, advanced study, travel, or any other activity that will provide the individual with new knowledge or skills that will benefit students and the college.” Please note: past practice discourages teaching and other related assignments at CCC while on sabbatical.

• To notify the Senate Sabbatical Leave Committee if your sabbatical leave plans change. You may be asked to submit a new application.

• To provide progress reports to the Senate Sabbatical Leave Committee, if requested.

• To contact and work with the library, ISPD, and/or IR department before you apply for sabbatical, if you are requesting support from any of these areas during your sabbatical activities.

• To submit a sabbatical report within the established time frame after your sabbatical.

• To present your sabbatical report to the CCC Board of Education, if requested.

FACULTY:__________________________________________________ DATE:____________

SABBATICAL LEAVE COMMITTEE____________________________DATE:____________

HUMAN RESOURCES: _______________________________________ DATE:___________