

FORM SA1

NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT

This form **must** be submitted with sabbatical proposal

Professional Growth & Development Committee
APPLICATION FOR SABBATICAL LEAVE

HR REF#

APPLICANT NAME: _____ **Banner ID#** _____

Last

First

CAMPUS: CC FC NOCE **JOB TITLE:** *Instructor* *Counselor* *Librarian*

Division: _____ **Dept:** _____

DATE OF DISTRICT EMPLOYMENT AS A CONTRACT FACULTY MEMBER : Month _____ Year _____

Discipline(s) in which you are currently teaching/performing service: _____

TITLE OF SABBATICAL PROPOSAL: _____

PURPOSE OF SABBATICAL LEAVE: (Check all that apply)

LIST PREVIOUS SABBATICAL LEAVES:

Educational Advancement *Travel Study* *Research*

Semester _____ *Year* _____

REQUESTED TERM OF SABBATICAL:

Semester _____ *Year* _____

ONE SEMESTER ONLY (specify): *Fall* *Spring*

FULL ACADEMIC YEAR

TWO SEMESTERS, CONSECUTIVE YEARS (specify):

Check if none

#1: Sem _____ Year _____ #2: Sem _____ Year _____

REQUIREMENT: Attach two letters of recommendation.

Signature of Applicant _____ **Date** _____

Recommendation of campus president:

Signature:

Date:

Submit original application materials to Campus President; submit copy to Division Dean