**FORM SA3**

This form **must** be submitted with report

**NORTH ORANGE COUNTY COMMUNITY COLLEGE DISTRICT**
**Professional Growth & Development Committee**

# SABBATICAL ACTIVITY REPORT

**NAME:** _____ _____
**Last** **First**

**LOCATION:** CC ☐ FC ☐ SCE ☐ **JOB TITLE:** *Instructor* ☐ *Counselor* ☐ *Librarian* ☐

**Division:** _____ **Dept:** _____

**TITLE OF SABBATICAL PROPOSAL:** _____

ACADEMIC YEAR(S) DURING WHICH SABBATICAL LEAVE WAS TAKEN: _____

**TERM OF SABBATICAL LEAVE:**

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

☐ *FULL ACADEMIC YEAR*

☐ *TWO SEMESTERS, CONSECUTIVE YEARS* (specify):

#1: Sem _____Yr _____ #2: Sem _____Yr _____

**PURPOSE OF SABBATICAL LEAVE :**
(Check all that apply)

☐ *Educational Advancement*

☐ *Research*

☐ *Travel Study*

**<u>If the sabbatical leave was for the purpose of *educational advancement*, attach evidence of completion of educational activities</u>** (grade cards, transcripts, certificates, employer statements, etc.)

**HAVE YOU MADE A PRESENTATION OF YOUR SABBATICAL ACTIVITIES?**

☐ Yes Date of Presentation _____ ☐ No Expected date of Presentation _____

**TO WHOM DID / WILL YOU MAKE THE PRESENTATION?**

**DESCRIBE THE STRUCTURE AND CONTENT OF THE PRESENTATION:**

**Signature** _____ **Date** _____

| **HR USE ONLY** | Received | Reviewed by PG&D | |
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**Submit original materials to the District Office of Human Resources; submit copy to Campus President and Division Dean**

PG&D rev 9/2014