

# Appendix J

## APPLICATION FOR SABBATICAL LEAVE

*The application must be submitted to the VPAA at least one year before the beginning date of the sabbatical.  
(Sabbatical Leave procedure from the Faculty Handbook attached hereto and made a part hereof)*

Name of Applicant

|                                     |
|-------------------------------------|
| Historical Information of Applicant |
|-------------------------------------|

Current Rank and Position Held

Years of Service at Bacone College From \_\_\_\_\_ through \_\_\_\_\_  
(include year) \*Must be six academic years of full-time teaching

Years of Experience Prior to Bacone College

Highest Degree Held

|                        |
|------------------------|
| Sabbatical Information |
|------------------------|

Length of Sabbatical Being Requested (check one):

One semester (**full** pay and benefits)  
From \_\_\_\_\_ through \_\_\_\_\_  
(include year)

One academic year (**half** pay and benefits)  
From \_\_\_\_\_ through \_\_\_\_\_  
(include year)

Study to be undertaken (details may be attached by separate document and referenced here):

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| Approval Process from Vice President & Dean of Faculty through Board of Trustees |
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Receipt of Application: Consult with President:

Forward Recommendation to Academic Affairs Committee of BOT: including

- Potential Impact of the activity on the College
- Replacement Faculty and his/her qualifications

1. Recommendation from VPAA and the President

- approved.
- not approved.

If not approved, reason(s) for denial of sabbatical

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Signatures of VPAA:

and President:

2. Recommendation from Academic Affairs Committee of BOT to the Board of Trustees:  
\_ approved.  
\_ not approved.  
If not approved, reason(s) for denial of sabbatical

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Signature of Approving Official:

3. Recommendation from Board of Trustees:  
\_ approved.  
\_ not approved.  
If not approved, reason(s) for denial of sabbatical

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Signature of Approving Official:

4. VPAA advises Faculty of Decision and issues revised Letter of Employment with correct salary:

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ost-Sabbatical Requirements P

- \_ Applicant returns to teaching duties for a period of at least one year after sabbatical (from through\_- obligation fulfilled).

**YES / NO**

**OR**

- \_ Applicant will repay the salary received while on leave.  
Amount received:Date:

- \_ Applicant will file a report within one month of the beginning of the academic year following the leave (Report to be presented to President and VPAA).

Date Report Due:Date Report Received:

- \_ Report forwarded to Board of Trustees.  
Date Forwarded to BOT:

- \_ Sabbatical File Closed.