

## OHLONE COMMUNITY COLLEGE DISTRICT

### SABBATICAL LEAVE APPLICATION

Sabbatical Leaves are based on Article 15.11 of the Agreement Between the Ohlone Community College District and the United Faculty of Ohlone: "The objective of the sabbatical leave is professional improvement of the employee which will benefit the College, the instructional program and, specifically, the students of the College. While the importance of including sabbatical leave is recognized, higher priority at Ohlone College shall be the instructional program and the offering of courses which meet the needs of our students and the community. Budget priorities will place the needs of the College including the instructional needs of the students above sabbatical leave...First priority shall be given to sabbatical leave applications relating to teaching assignments, whether academic work toward a degree, special courses, or other learning experiences." No more than one leave shall be granted in each six-year period.

All projects must be of sufficient scope to match the time requested. This application will be the prime material used by the committee to rank the applicants.

The Sabbatical Leave Committee bases recommendations on the following criteria:

- A. Relative benefits to the students and the College as a whole: how does the proposal fit the mission and goals of the College?
- B. Specific benefits to applicant's department/division, for example:
  - 1. Enriching and/or improving applicant's performance of assigned professional duties.
  - 2. Acquisition of additional knowledge and skills in order to update/modify existing courses/programs.
  - 3. Attainment of new/and or improved instructional or counseling methodology, curriculum development, research skills, or other innovative approaches.
  - 4. Other

Application Instructions: Submit the original and one copy of this application, complete with Division Dean's signature, to the Office of Academic Affairs no later than 12:00 p.m. on Friday, November 3, 2017.

Distribution:

- (a) The original is retained in the Office of Academic Affairs.
- (b) A copy is returned to the applicant after final action by the Governing Board.

1. Name \_\_\_\_\_  
Last First Initial

2. Present Assignment \_\_\_\_\_

3. Number of Years of Full-Time Consecutive Service at Ohlone College \_\_\_\_\_

4. Time period requested for this proposed leave. (Give inclusive dates):  
\_\_\_\_\_

5. Please check which of the following methods you will use to meet the criteria for a sabbatical. Note that "E" is a combination of two or more of the first four.

A. Advanced Academic Study: In your statement in Item 7, include a detailed description of the course of study or research project to be undertaken. A letter of acceptance from the institution to be attended or a letter of acceptance from the individual who will direct the study needs to be forwarded to the committee prior to the commencement of the sabbatical.

B. Independent Research or Study: In your statement in Item 7, include a detailed resume of the study or project to be undertaken.

C. Travel: In your statement in Item 7, include a comprehensive itinerary of your travel plans.

D. Employment: In your statement in Item 7, include a complete description of the duties to be performed during the period of employment. Give the inclusive dates of the period of employment. Attach a letter from the employer which confirms the employment and states the salary to be earned.

E. A combination of the above activities: In your statement in Item 7, explain carefully how the activities are related and the special results that can be expected. Describe in detail the combination plan in which you are interested.

F. Other

6. On a separate page, write an abstract of this proposal—not to exceed 200 words. This abstract will be presented to the Board of Trustees if this application is recommended for approval.

7. Narrative Description of the Proposed Program—not to exceed five pages. Provide comprehensive information about the type of program you selected in part 5. Include detailed information showing how the proposed program will aid or improve the execution of your assigned professional duties and the specific benefits to be accrued to the division/department, district, and students. Explain why a sabbatical leave, rather than other approaches, is required to accomplish the stated purpose. Disclose all information relative to any compensation you will receive during the leave period, other than expense

reimbursement, whether from employment, grant, fellowship or any other source which is an integral or related part of the leave program.

To Be Completed by Division Dean before the application is submitted:

I support this application  I do not support this application

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature of Division Dean

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I submit this application with the understanding that I shall be bound by the policies and regulations of the Ohlone Community College District and the Laws of California relating to the granting of Sabbatical Leaves of absence.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

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FOR COMMITTEE USE ONLY

Recommended  Not Recommended

\_\_\_\_\_, VPAA

\_\_\_\_\_, CHAIR

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To those applicants whose proposals are not recommended:

Due to the intense competition this year, your proposal was not approved. Please consider re-applying in a future year.

If you wish to resubmit this proposal in a future year, it will require revision in order to show that it meets the following criteria as listed on page one:

A  B

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Recommended  Not Recommended

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature of Superintendent/President

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Approved

Not Approved

Action taken by Governing Board \_\_\_\_\_  
Date