Los Rios Community College District

**Sabbatical / Professional Development Leave Application**

Name:        Empl ID

Work Location: [ ]  ARC [ ]  CRC [ ]  FLC [ ]  SCC [ ]  Other

Present Assignment:         Division:

*Type A and B leaves are intended to provide release time from regular duties to enable unit members to respond to changing educational conditions and student needs. These leaves allow time for unit members to engage in studies, projects, or other beneficial activities which do not fall within their regular responsibilities. For additional information (i.e., duration, eligibility, criteria, application procedures, etc.) on Type A and B leaves, please consult with Section 11.6 of the LRCFT collective bargaining agreement.*

**Type of Leave Requested**

1. [ ]  Type A: [ ]  Fall Semester [ ]  Spring Semester [ ]  Entire Year

Have you completed a sequence of seven full years of service with the District? [ ]  Yes [ ]  No

2. [ ]  Type B: Fall      % Spring      %

Have you completed a sequence of three full years of service with the District? [ ]  Yes [ ]  No

**Proposal Information**

Proposal Title:

Brief Description of Proposal:

What are your qualifications to undertake and complete your proposed project?

Explain in detail how the accomplishment of your proposal will promote the objectives of serving students within the Los Rios District:

Please submit the following on separate sheets:

1. A narrative on your planned program containing a statement of purpose and objectives, a detailed description of the proposed activities, and budget or resources support.
2. An appropriate method of evaluation.
3. A plan for sharing the results of the project.

If awarded this leave, I agree to comply with all requirements stipulated in the faculty contract.

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Applicant’s Signature Date

**Immediate / Appropriate Supervisor Approval / Endorsement**

I have reviewed this proposal and [ ]  believe [ ]  do not believe that it is an appropriate project/activity which will promote the objectives of the college/district.

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

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Supervisor’s Signature Date

**Sabbatical / Professional Development Leave Application**

**Remuneration Information**

Name:        Empl ID

Work Location: [ ]  ARC [ ]  CRC [ ]  FLC [ ]  SCC [ ]  Other

Present Assignment:         Division:

Will you be receiving any outside remuneration (income, stipend, expenses, book advance, etc.) for the proposed activity(ies) during your requested leave?

[ ]  Yes [ ]  No If yes, please provide a detailed explanation.

Do you anticipate receiving any commercial benefit from your project or product through future sales?

[ ]  Yes [ ]  No If yes, please provide a detailed explanation.

Please provide a detailed explanation:

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Applicant’s Signature Date

District Office Approval: [ ]  Approved [ ]  Not Approved

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Deputy Chancellor’s Signature Date