

**Contra Costa Community College District
MANAGEMENT/SUPERVISORY SABBATICAL LEAVE APPLICATION**

Name		Date
College	Position	
Sabbatical leave period requested	Years of service in CCCCCD	
Have you had previous Sabbaticals? If "yes" give time period(s) and activity (activities).		
Indicate type of Sabbatical program (See Management, Supervisory, and Confidential Employees Personnel Manual) If program can be categorized by more than one type, check where applicable.		
<input type="checkbox"/> Institutional study (complete Form A) <input type="checkbox"/> Travel (complete Form B) <input type="checkbox"/> Professional study and/or creative study (complete Form C)		
GENERAL SUMMARY OF SABBATICAL PROGRAM (GIVE A 100-WORD MAXIMUM STATEMENT)		

MANAGEMENT/SUPERVISORY SABBATICAL LEAVE APPLICATION

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Name**VALUE TO EDUCATIONAL PROGRAM OR OPERATIONS**

(Relate specifically to objectives)

Describe how the proposed sabbatical will benefit the educational program or college/unit operations. In particular:

1. How will it benefit students, programs, or staff/colleagues?
2. How will it enhance and/or improve your professional competence?
3. How will it relate to your ongoing professional assignment?
4. How are the breadth and depth of the project appropriate for the sabbatical leave rather than the regular teaching year?

Name

PROPOSED OBJECTIVES AND EVIDENCE OF COMPLETION

Identify specific objectives and describe in detail the evidence that will accompany your report, which indicates that you have met each objective. The product of your approved sabbatical leave program will be subject to review by the Chancellor's Cabinet at the time of making your final report. Examples follow:

Institutional study

Objective: Units of graduate level courses as indicated on Form A will be taken at ... University.
 Evidence: (Here you would describe the transcripts, class notes, exams, class projects, etc., you would submit as evidence of completing these units.)

Travel

Objective: Travel to other institutions of higher learning or other appropriately related organizations.
 Evidence: (Here you would describe exactly what you plan to submit to document your sabbatical leave travel. You should specify the kinds of things you will present.)

Professional study and/or creative study

Objective: Write a manual.
 Evidence: (Here you would clearly indicate the scope of the project, including approximate length, an outline of the contents, description of the complexity, etc.)

MANAGEMENT/SUPERVISORY SABBATICAL LEAVE APPLICATION

Form A

Name	
INSTITUTIONAL STUDY	
Name of Institution	Place of Institution
Period of Attendance	Units to be attempted
<p>Accepted for Admission: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other If "Yes," attach evidence of admission. If "Other," explain:</p> <p>In general, courses should be taken for credit at an accredited institution. Please explain any other circumstances.</p>	
<p>List courses and unit value from the institution's catalogue. In case your choice of courses is not available, please indicate substitutions.</p>	

MANAGEMENT/SUPERVISORY SABBATICAL LEAVE APPLICATION

Form B

Name

TRAVEL

PLAN: General Statement

Plan: Itinerary. (Be sure that the purpose, duration, and schedule of your travel are clearly delineated.)

Place

Duration
of Visit

Purpose

MANAGEMENT/SUPERVISORY SABBATICAL LEAVE APPLICATION

Form C

Name

PROFESSIONAL STUDY AND/OR CREATIVE STUDY

(Be sure the kind and scope of your study methods, resources, and activities are clearly delineated. Include an estimate of the time that will be spent engaged in various activities.)

**Contra Costa Community College District
MANAGEMENT/SUPERVISORY SABBATICAL LEAVE REPORT**
(To be attached to a copy of the original application form.)

Name	Date
College	Position
Sabbatical Leave Period Requested	
<p>Have you had previous Sabbaticals? If "yes" give time period(s) and activity(activities).</p> <p>Indicate type of Sabbatical program (See Management, Supervisory and Confidential Personnel Manual) If program can be categorized by more than one type, check where applicable.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Institutional study (complete Form A) <input type="checkbox"/> Travel (complete For B) <input type="checkbox"/> Professional study and/or creative study (complete For C) <p align="center">GENERAL SUMMARY OF COMPLETED SABBATICAL PROGRAM (Give a 100-word maximum statement)</p>	

(All applicants are to complete the first four pages and forms A, B, and/or C as applicable.)

MANAGEMENT/SUPERVISORY SABBATICAL LEAVE REPORT

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Name

PROPOSED OBJECTIVES AND EVIDENCE OF COMPLETION

Identify specific objectives and describe in detail the evidence that will accompany your report, which indicates that you have met each objective. The product of your approved sabbatical leave program will be subject to review by the Chancellor's Cabinet at the time of making your final report. Examples follow:

Institutional study

Objective: Units graduate level management courses as indicated on Form A-1 will be taken at University.
 Evidence: (Here you would describe the transcripts, class notes, exams, class projects, etc., you would submit as evidence of completing these units.)

Travel

Objective: Travel to other institutions of higher learning or other appropriately related organizations.
 Evidence: (Here you describe exactly what you plan to submit to document your sabbatical leave travel. You should specify the kinds of things you will present.)

Professional study and/or creative study

Objective: Write a manual/document that relates to an area of institutional need.
 Evidence: (Here you would clearly indicate the scope of the project, including approximate length, an outline of the contents, description of the complexity, etc.)

MANAGEMENT/SUPERSORY SABBATICAL LEAVE REPORT

Form A-1

Name	
INSTITUTIONAL STUDY	
Name of Institution	Place of Institution
Period of Attendance	Units to be attempted
<p>Accepted for Admission: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other If "Yes," attach evidence of admission. If "Other," explain:</p> <p>In general, courses should be taken for credit at an accredited institution. Please explain any other circumstances.</p> <p>List courses and unit value from the institution's catalogue. In case your choice of courses is not available, please indicate substitutions. (Be sure that the scope of your studies is clearly defined.)</p>	

MANAGEMENT/SUPERVISORY SABBATICAL LEAVE REPORT

Form B-1

Name

TRAVEL

PLAN: General Statement

PLAN: Itinerary. (Be sure that the purpose, duration, and schedule of your travel are clearly delineated.)

Place

Duration
of Visit

Purposes

MANAGEMENT/SUPERVISORY SABBATICAL LEAVE REPORT

Form C-1

Name

PROFESSIONAL STUDY AND/OR CREATIVE STUDY

(Be sure the kind and scope of your study methods, resources, and activities are clearly delineated. Include an estimate of the time that will be spent engaged in various activities.)