

Employment outside of Valencia anticipated during Sabbatical.

Employer Name	Position	Hours Per Week

Please attach the following:

1. A typed description of the proposed sabbatical leave program, with identified outcomes. Include your goals, any travel plans, and how the project specifically supports the mission of the College.
2. A curriculum vitae and/or resumé, including: education and degrees, professional positions, honors, and publications.
3. Letters of endorsement are encouraged.

Award Criteria

All of the applications meeting the Sabbatical Leave Policy's purpose as listed in Policy 6Hx28:07-23(A) will be ranked in order of relative importance based on the following criteria:

- a. Merit of the proposal.
- b. Exceptional service to the College as documented on the applicant's resumé.
- c. Number of years since any previous sabbatical for the applicant.
- d. Number of years of Valencia service of the applicant.

In developing the application, the applicant should plan the statement of the project with care to ensure precision and conciseness. There must be a clear statement of how the proposed project will support the College's mission and a list of specific project outcomes.

Type of Proposal (please circle one or more)

- Research
- Creative or descriptive work
- Post-degree study
- Intensive industry experience through internship
- Other (give details)

If granted Sabbatical Leave, I agree to abide by the terms of Valencia's Sabbatical Leave Policy, and to submit a final report to my supervisor/dean, provost/senior administrator, and Chief Learning Officer not later than the second term after my return.

Applicant's Signature

Date

Sabbatical Leave Comments and Recommendations

This form must accompany completed applications. Please submit your Sabbatical Leave Application to your dean/immediate supervisor by October 24 for consideration by the Sabbatical Leave Committee.

Dean/Supervisor

Approve

Disapprove

(Please check one)

Please give a separate detailed response describing how the department plans to make provision for replacing the applicant's teaching schedule from departmental resources (attach your plan to this form).

Reasons:

(Signature)

(Date)

Provost/Senior Administrator

Approve

Disapprove

(Please check one)

Reasons:

(Signature)

(Date)

Sabbatical Leave Committee

Approve

Disapprove

(Please check one)

Reasons:

(Signature of Chair)

(Date)

President

Approve

Disapprove

(Please check one)

(Signature)

(Date)