

**SEMINOLE COMMUNITY COLLEGE  
APPLICATION FOR SABBATICAL LEAVE**

Name \_\_\_\_\_ Date \_\_\_\_\_

Department or administrative area \_\_\_\_\_

Discipline or specialization \_\_\_\_\_

Dates of Sabbatical Leave requested: \_\_\_\_\_

Nature of the leave (degree, project, advanced study, etc.) \_\_\_\_\_

Purpose of the leave. Include name, location and relationship of any institution or organization which will be directly involved in the leave (university, business association, etc.). Describe activities in which you will participate during the leave.

Meritorious service to the College (see Sabbatical Leave Procedure 2.2300 – You may attach exhibits or additional sheets as needed.)

Expected benefit to you and to the College.

If you will be reimbursed by any agency outside Seminole Community College give the agency's name, the total dollar amount and the time period involved.

Agency \_\_\_\_\_

\$ \_\_\_\_\_ Time period (dates) \_\_\_\_\_ to \_\_\_\_\_

I hereby agree that if granted leave, I will return to Seminole Community College for a period of two years. Should I fail to live up to this contract, I agree to pay the College the full amount of the grant. The College reserves the right of non-enforcement of this provision.

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

**Administrative Recommendation:**

Approval for Sabbatical Leave may be recommended only for those applicants who meet or exceed the Criteria delineated in College Procedure 2.2300.

Approval Recommended \_\_\_\_\_ Chair/Director \_\_\_\_\_ Date \_\_\_\_\_  
Yes No

Approval Recommended \_\_\_\_\_ Vice President \_\_\_\_\_ Date \_\_\_\_\_  
Yes No

Director of Human Resources \_\_\_\_\_ Date \_\_\_\_\_

Applicant's number of years of full-time service at SCC \_\_\_\_\_ Cost applicable to this request (includes salary and fringe benefits): \_\_\_\_\_

**Recommendation of Sabbatical Committee:**

Committee Chair \_\_\_\_\_ Date \_\_\_\_\_

Ranking assigned by Sabbatical Committee \_\_\_\_\_

**President's Recommendation:**

Approval Recommended \_\_\_\_\_ President \_\_\_\_\_ Date \_\_\_\_\_  
Yes No