



SABBATICAL LEAVE OF ABSENCE REPORT

Pursuant to the agreement between the Chabot-Las Positas Community College District and the Chabot-Las Positas Faculty Association, the Sabbatical Leave Committee is required to evaluate all Sabbatical Leave Reports submitted after completion of a Sabbatical Leave of Absence. Such written reports must be filed in person with the Chair of the Sabbatical Leave Committee, c/o your college's Office of the Vice President of Academic Services, no later than sixty (60) calendar days after returning to active service.

In order to facilitate the evaluation process, you are asked to follow the prescribed format, as noted below:

- A. Fill out the attached *Sabbatical Leave of Absence Report Certification Form* [Article 12-1A.9], which will serve as the cover page for your report.
- B. The specific objectives, how the objectives and corresponding percentages of the whole work were completed, and the documentation demonstrating that an objective has been met should be the same as that approved in your application, including any modification requests.

Please attach a separate sheet for each objective and corresponding percentage and include the following information:

- 1. Statement of the specific objective.
 - 2. After each objective statement, a complete description of how the objective and corresponding percentage were achieved.
 - 3. A list or brief description of the documentation demonstrating that the objective and corresponding percentage have been met. Documentation material should be attached, if practical. If this material is of such a nature that attachment is not practical, please deliver it separately or otherwise inform the Committee regarding its availability for examination.
- C. Deliver the report, including documentation material, to the Chair of the Sabbatical Leave Committee care of your college's Office of the Vice President of Academic Services, as described above in the first paragraph.
 - D. It is important that you refer back to your contract of agreement, which you have signed. (Article 12-1A.9.)



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT



SABBATICAL LEAVE OF ABSENCE REPORT CERTIFICATION FORM

(Please print in ink or type)

TO: Sabbatical Leave Committee

FROM: _____
(Last) (First) (Middle)

DIVISION: _____

SUBJECT AREA: _____

Period of Sabbatical Leave:

Semester: Fall Spring Academic Year: _____

Semester: Fall Spring Academic Year: _____

Certification:

I certify that I have completed the Sabbatical Leave of Absence Program and the objectives listed and described on my approved Sabbatical Leave of Absence Application, including any approved modification of the Leave Application.

(Signature)

(Date)

Please submit Certification and Sabbatical Leave Report to your college's Office of the Vice President, Academic Services.