



TO: Sabbatical Leave Committee c/o Vice President, Academic Services

DATE: April 1, [Year]

SUBJECT: LETTER OF INTENT TO APPLY FOR SABBATICAL LEAVE OF ABSENCE (Due to the College Office of Academic Services [Day], April 1, 5:00 p.m.* Late letters will not be accepted.)

This is to inform the Sabbatical Leave Committee of my intent to apply for a Sabbatical Leave of Absence during the [Year] Academic Year. It is my understanding that this will be accomplished by providing the information requested below: (*Please print in ink or type*.)

| Name of A | pplicant: | | | |
|---------------|--|----------------------------------|---------------------------------|--|
| | (Last) | (First) | (Middle) | |
| Location: | Chabot La | s Positas College | | |
| Anticipated | period for which Sabbatical Leave | of Absence is intended: | | |
| Semester: | | Academic Year: | | |
| Semester: | | Academic Year: | | |
| | Please note: The contract, in Article 12-1A.3f., provides as follows: | | | |
| | Because of potential adverse impact on programs, full year Sabbatical Leaves of Absence that start in the Spring Semester, or that are split between two Spring Semesters or two Fall Semesters, must be approved both by the Sabbatical Leave Committee and by the President of the appropriate college. | | | |
| | The Sabbatical Leave Committee will handle this provision as follows: We will review the application. The Committee will not make judgments as to the validity of rationales for split leaves. The Leave proposal will be evaluated on its merits, and if approved, forwarded to the appropriate College President along with the rationale for the split provided by the applicant. The College President should consult with the appropriate Vice President and Dean prior to making a decision. | | | |
| Date initiall | ly employed by District: | Ionth) (Day) (Year |) | |
| While empl | loyed by the District, have you taken | a Sabbatical Leave of Abse | nce? | |
| | Yes No | | | |
| *Should this | date fall on a holiday, Saturday, or S | unday, the following instruction | onal day shall be the due date. | |
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| If "Yes," list the terms and years of the last Sabbat | ical Leave of Absence taken. | | | | |
|--|----------------------------------|------------------------------|--|--|--|
| Semester: Academi | c Year: | Paid Unpaid | | | |
| Semester: Academi | c Year: | Paid Unpaid | | | |
| Semester: Academi | c Year: | Paid Unpaid | | | |
| Since your <u>initial</u> employment by the District, <u>or</u> data taken, <u>whichever is later</u> . | ate of completion of the last Sa | abbatical Leave of Absence | | | |
| (a) Have you taken authorized Leaves of Absen | ce Without Pay? | | | | |
| Yes If "Yes," list the beginning and ending dates of all such leaves. | | | | | |
| From: | То: | | | | |
| From: | То: | | | | |
| From: | То: | | | | |
| (b) Have you resigned from District employment and then been rehired by the District? | | | | | |
| Yes No If "Yes," list the beginning and ending dates for all such periods of absence. | | | | | |
| From: | To: | | | | |
| From: | То: | | | | |
| (c) Have you provided any District service <u>outside</u> of the bargaining unit, such as Division Dean, other management positions, or a classified position? | | | | | |
| Yes In Ves," give the position and dates: | | | | | |
| Position: | From: | То: | | | |
| Position: | From: | То: | | | |
| Position: | From: | То: | | | |
| (d) If you are planning to augment your solution | al colory with your borked W | orkload places be aware that | | | |

(d) If you are planning to augment your sabbatical salary with your banked Workload, please be aware that you will need to attach the Workload Banking: Augment Sabbatical Salary form to your application for Sabbatical Leave of Absence. [Appendix B]

I certify to the best of my knowledge that the information provided in this Letter of Intent is true, accurate, and complete.

(Signature)

(Date)