

**NORTHWESTERN CONNECTICUT COMMUNITY COLLEGE**

**CONGRESS BARGAINING UNIT**

**APPLICATION FOR SABBATICAL LEAVE**

Academic Year 2017-18

This application must be submitted to the Office of the President no later than the first day of spring semester for sabbatical leave during the 2018-19 academic year. **For 2018, the application deadline is January 17th.** Only those who will have completed six (6) consecutive years of full-time service by the beginning date of a proposed sabbatical leave are eligible to apply. Please type or print.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classification / Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of initial employment at NCCC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of previous leaves or other interruptions in service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TYPE OF SABBATICAL LEAVE REQUESTED**

Select one:

\_\_\_\_\_\_ Half-year/Full-salary \_\_\_\_\_\_ Half-year/Half-salary

\_\_\_\_\_\_ Full-year/Half salary \_\_\_\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of proposed sabbatical leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternative dates (if acceptable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I.** Objective of the leave.

**II.** How will the leave contribute to your professional development?

**III.** How will the leave benefit the College?

**IV.** On a separate page, describe in detail the activities to be undertaken during the sabbatical leave.

**V.** Do you expect to receive any remuneration other than your salary during the period of the leave (e.g., paid employment, retraining professional development)? If so, please describe the remuneration below.

\_\_\_\_\_\_ No

\_\_\_\_\_\_ Yes If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VI**. In applying for this leave, I understand that if granted a sabbatical, I will return to the College for at least one (1) year of service following the leave. Furthermore, I agree that within sixty (60) days of completion of the sabbatical I will submit a written report of approximately 1,000 words detailing the accomplishments while on leave.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

**SABBATICAL LEAVE RECOMMENDATION**

Supervisor \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

Committee \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No (Attach page with signatures)

Dean \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

President \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date