CENTRAL OREGON community college

ADMINISTRATIVE SABBATICAL LEAVE REQUEST FORM

NAME (Last, First, Middle Initial)	COCC ID #	DATE PREPARED
TITLE	DEPARTMENT	

Please read instructions prior to completing the request and submit all information for consideration in one packet. You must include a letter of support from 1) immediate supervisor and 2) appropriate Presidential Advisory Team (PAT) member identifying budget requests to support the Sabbatical, how the employee job assignment will be covered, and if another employee will work out of class to complete some or all of the work assignment.

DEADLINE: The completed request must be submitted by the 4th Monday of November, 4:30 p.m. to the President of COCC. The President will notify applicants by January 31 of the year prior to the sabbatical request if the proposal has presidential approval.

PERIOD OF LEAVE	BEGIN DATE	RETURN DATE	ACADEMIC YEAR SERVICES QUARTERS AFFECTED	SUM	FALL	WTR	SPR
				☐	☐	☐	☐

YEARS OF CONTINUOUS SERVICE	PRIOR SABBATICALS TAKEN?	IS THIS AN EXTENSION OF A PREVIOUS LEAVE?
		◯ Yes ◉ No

SABBATICAL OUTCOMES

Give a brief statement of how this sabbatical contributes to your professional expertise for professional growth and/or meets the goals identified on your Annual Evlauation.

Give a brief statement of how this sabbatical support COCC's Strategic Plan themes and objectives?

Sabbatical Abstract

Abstract, including top three completeion goals:

Proposed Plan of Activities

Please note how your activities are linked to the sabbatical outcomes noted above:

OTHER SOURCES OF INCOME AND AMOUNT WHILE ON SABBATICAL:

Recompensable Items (travel, lodging, books, materials, meals, and tuition) up to $1200 for 1.0 FTE, prorated for less than 1.0 FTE but more than .5 FTE (please attach original receipts) If you need more room, attach page to back of Approval.:

Item	Cost	Approved
		☐
		☐
		☐
		☐
		☐
		☐

In accepting a Sabbatical Leave of Absence, I agree to furnish a written report summarizing the project accomplishments and to adhere to all terms and conditions set forth in Section 8 of the Exempt and Confidential Supervisory Handbook, including repayment. Upon approval, employee must complete the MOA.

EMPLOYEE SIGNATURE _____ DATE

REQUIRED APPROVALS AND ROUTING

DEPARTMENTAL REVIEW ☐ Approved ☐ Not Approved Review Date:

Supervisor Signature _____ DATE _____

Human Resources Review	☐ Eligibility Met	☐ Budget Review	Personnel Cost $
Presidential Review	☐ Approved	☐ Not Approved	Review Date:

Presidential Signature: _____ DATE _____