

CCRI COMMUNITY COLLEGE OF RHODE ISLAND

SABBATICAL/GRADUATE STUDY LEAVE APPLICATION

This application serves as a cover page for your proposal.

Submit the completed documentation to your immediate supervisor (department chair/dean) for his/her approval.

- *Applications must be submitted by **JULY 1ST**, 14 months before the academic year the leave is requested.*
- *Please review CCRIFA Article V (sabbatical leave) before submitting Application.*

PART I: TO BE COMPLETED BY THE APPLICANT

NAME:	DATE:
REQUESTED SEMESTER(S) OF LEAVE:	DEPARTMENT:

THIS IS A REQUEST FOR: SABBATICAL LEAVE GRADUATE STUDY LEAVE

Your Sabbatical Application should include this COMPLETED FORM plus a document outlining:

- a) a statement of purpose;
- b) outline of activities;
- c) a list of supporting materials;
- d) a current resume, and
- e) a statement about the benefits of the project.

- *The Sabbatical Review Board reserves the right to request additional information about the sabbatical leave proposal.*

A detailed report of the professional activities completed during the leave is due at the close of the leave.

If a faculty member accepts employment for pay during the leave period, his or her college compensation will normally be reduced by the amount necessary to bring the total compensation for that period to a level comparable with his or her normal professional income.

SABBATICAL/GRADUATE STUDY LEAVE APPLICATION

PART II: TO BE COMPLETED BY IMMEDIATE SUPERVISOR (DEPARTMENT CHAIR/DEAN)

Does the department require a replacement to cover the normal work load of this faculty member?

Yes No Estimated # of Contact Hours

STATEMENT FOR RECOMMENDATION:

SIGNATURE OF IMMEDIATE
SUPERVISOR (DEPARTMENT CHAIR/DEAN)

DATE:

PLEASE CHECK IF APPLICATION RECEIVED BEFORE JULY 1.

PART III: TO BE COMPLETED BY THE CCRI SABBATICAL BOARD OF REVIEW

SABBATICAL BOARD OF REVIEW MEMBERS:

Review Date: _____

This Sabbatical is: Approved Disapproved

Reason: _____
