

# COMMUNITY COLLEGE OF RHODE ISLAND

## Non-Faculty Sabbatical/Study Leave Policy/Procedures

Application for sabbatical/study leave shall be made on a form provided by the College's Human Resources Office. The application must be accompanied by a well documented plan for the sabbatical/study leave describing the proposed program and including, but not limited to, the following:

- The nature and objectives of the research project, formal course work, individual study or professional activity to be undertaken.
- The contribution(s) the program is expected to make to the staff member's professional improvement.
- The expected contribution(s) to the applicant's department and the College.
- The projected timetable of activities.
- The institution(s) in which the applicant will enroll.

Decisions on applications for sabbatical/study leave will be made by the President after review and recommendation by the Vice Presidents and Sabbatical Leave Committee. Consideration of the sabbatical/study leave request will be based on the following criteria:

- The expected contribution to the applicant's department and the College.
- The effect of the applicant's absence on the function(s) of his/her department.
- The necessity for an uninterrupted period of time for the completion of the proposed activity.
- The expected contribution(s) to the applicant's professional development and knowledge of the field.
- The applicant's date of hire.
- The length of accrued time since the last sabbatical/study leave.
- The accomplishments during, or as a result of, the last sabbatical/study leave.

Upon completion of the sabbatical/study leave, the recipient shall submit to the President and Vice President a report of the results of the leave within 90 days following return from leave. The report shall include:

- A statement of progress made on the leave program as described in the proposal.
- An account of activities during the leave, including travel itineraries, institutions visited or enrolled, and persons consulted.

## **Procedures**

1. The applicant will submit his/her application and proposal to Human Resources of which a member will supply eligibility dates.
2. In accordance with contract provisions, Human Resources will forward the material to the Sabbatical Leave Committee.
3. The Sabbatical Leave Committee will review the material according to the established criteria and submit their recommendation to the President and appropriate Vice President.
4. The Vice Presidents will then review the proposal and recommendation with the President.
5. The applicant and Human Resources will be notified as soon as possible after the President has made a final decision.

**Community College of Rhode Island**

**Non-Faculty Sabbatical/Study Leave Application**

Please read the accompanying information on the Sabbatical/Study Leave Procedures and Criteria before completing your application. Attach this form to your proposal, along with any other document(s) and submit the completed request to Human Resources.

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**Part 1. To Be Completed By The Staff Member**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Department: \_\_\_\_\_ Date of Leave: \_\_\_\_\_  
This is a request for: Sabbatical Leave: \_\_\_\_\_ Study Leave: \_\_\_\_\_  
The general purpose of this request is to participate in:  
Degree/Certificate Program: \_\_\_\_\_ Graduate Study: \_\_\_\_\_ Subject Area: \_\_\_\_\_  
Post-Doctoral Study: \_\_\_\_\_ Research: \_\_\_\_\_ Subject Area: \_\_\_\_\_  
Other Professional Improvement (Define Briefly):  
\_\_\_\_\_  
\_\_\_\_\_

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**Part 2. To Be Completed By Department Head**

I am aware of this sabbatical/study leave request:  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Department Head)

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**Part 3. To Be Completed By The Human Resources Office**

This staff member is eligible for Sabbatical Leave: \_\_\_\_\_ Study Leave: \_\_\_\_\_  
Date of Contract Hiring: \_\_\_\_\_ Date of Last Sabbatical: \_\_\_\_\_  
Comments:  
\_\_\_\_\_  
Signature: \_\_\_\_\_  
(Human Resources Department)

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**Part 4. To Be Completed By The Sabbatical/Study Leave Committee**

Date of Meeting: \_\_\_\_\_  
Recommendation: \_\_\_\_\_  
Comments:  
\_\_\_\_\_  
Committee members in attendance:  
\_\_\_\_\_  
Signature: \_\_\_\_\_ Date Returned to HR: \_\_\_\_\_  
(Chair of Sabbatical Committee)

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**Part 5. To Be Completed By the Vice President or Executive Officer**

Do you recommend the above leave request? Yes [ ] No [ ]  
Does the department require a replacement? Yes [ ] No [ ]  
Are there budget funds available? Yes [ ] No [ ]  
Approved [ ] Denied [ ]  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Vice President or Executive Officer)  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(President)