# San Mateo Community College District Application for Professional Development Extended Leave (Sabbatical)

## **APPLICANT**

Submit your completed application to the Faculty Professional Development Committee via email to Teeka James (james@smccd.edu) and Dianne Fernandez (fernandezd@smccd.edu).

Applications for leaves beginning spring 2024 are due no later than October 20, 2023.

| Apı  | olications for leaves beginni  | ng fall 2024 are due no                              | later than March 22,                                | 2024.  |
|--|--|--|---|--|
| 1.   | Name of applicant:   |  |   |  |
| 2.   | College:   | Division/Depa  | rtment:   |  |
| 3.   | Date of hire as a full-time employee of the District:  |  |   |  |
| 4.   | Were there any breaks of more than one year in your full-time employment by the District in the last six years? If so, when were they?                         |  |   |  |
| 5.   | Have you taken a sabbatical or one-semester paid leave <i>through Professional Development as</i> a full-time employee in this District? If so, specify dates: |  |   |  |
| 6.   | Type of leave requested: Fu  | ll year or one seme                                  | ster Fall 20  | Spring 20                                    |
| 7.   | Return Agreement: As spec<br>Development Leave of one yer<br>return from this leave. If I sho<br>service to the District. If I fail t<br>and benefit costs.    | ear, I agree to render two<br>uld be awarded a leave | o full years of service t<br>of one semester, I agr | o the District following to render one year. |
|  | I further agree to submit to the completed leave a report that and gives evidence of its succession.   | identifies the manner in                             | which I accomplished                                | the objectives of the                        |
| Signature  |  |  | Date  |  |
|  | ISION DEAN ructor replacement:_ lude coordination hours if applicab  | hours at \$  | per lecture hour =                                  | · \$   |
|  | ructor replacement:  |  |   |  |
| Inst   | ructor replacement   |  |   |  |
| offi   | ce hours:  | hours at \$  | per special rate=                                   |  |
|  |  |  | Subtotal:   | \$   |
| Instructor replacement benefits (11.385 $\%$ of subtotal): |  |  |   | \$   |
| If in  | structor will not be replaced, o   | heck here  | Total   | \$   |
| Signature of Dean  |  |  | Date  |  |
| PR   | OFESSIONAL DEVELOPME   | NT COMMITTEE   |   |  |
| _  | ☐ Approve ☐ Denyunits  |  | Amount: \$  |  |
| Sig  | Signature of Committee Chair   |  | Date  |  |
| PR   | ESIDENT ☐ Approve ☐ Deny   | ,  |   |  |
| Sia  | nature of President  |  | <br>Date  |  |

## **Extended Leave (Sabbatical) Application**

#### 1. Purpose of leave:

How will your proposed plan for an Extended Leave contribute to your current assignment or to a future assignment in the District? How will this leave enhance your professional growth? Which services that you now provide or expect to provide will be improved by your proposed leave? If you have chosen a course of independent study, research or a creative project, why have you chosen to pursue this independently rather than in an institutional context?

## 2. Details of plan of study, employment, independent project or activity:

Please list specific activities that will be completed to fulfill your proposed plan, including the following, if appropriate: specific courses and institutions; specific areas of employment and potential employers; outline of publications; description of independent study or research; description of creative project. Please provide the anticipated timetable or calendar for carrying out the activities you will engage in during your leave.

## 3. Specific benefits of leave plan:

Describe the specific benefits of your proposed plan to students in the District. Describe the benefits to your division, college, and to the overall needs and goals of the District. How will you share and/or apply the results of your activities during your leave with your division, college and the District as a whole?

## 4. Evidence of completion:

Please state the means by which you will report or verify that the proposed plan for your leave has been completed. This may include transcripts of courses taken; letters from employers; samples of creative work; summary of research or other evidence of original work; a description of plans for application of new skills and knowledge to teaching assignment and/or college program; a narrative report on the educational and professional benefits of the activities undertaken.

Individual projects are limited to 30 units of Extended Leave or any combination of Extended Leave and Long Term Professional Development Reassigned time.