

**San Mateo Community College District  
Application for Professional Development Extended Leave (Sabbatical)  
Academic Year 2019-2020**

**APPLICANT**

Submit your completed application to the Faculty Professional Development Committee via email to Teeka James (james@smccd.edu) and Stephanie Martinez (martinezst@smccd.edu).

**Applications for leaves beginning Spring 2020 are due no later than October 14, 2019.  
Applications for leaves beginning Fall 2020 are due no later than March 16, 2020.**

1. Name of applicant: \_\_\_\_\_
2. College: \_\_\_\_\_ Division/Department: \_\_\_\_\_
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 *through Professional Development* as a full-time employee in this District? If so, specify dates: \_\_\_\_\_
6. Type of leave requested: Full year      or one semester      Fall 20\_\_      Spring 20\_\_
7. **Return Agreement:** As specified in the current contract, should I be awarded an Extended Professional Development Leave of one year, I agree to render two full years of service to the District following my return from this leave. If I should be awarded a leave of one semester, I agree to render one year of service to the District. If I fail to fulfill this return obligation, the District has a right to ratably recover salary and benefit costs.

I further agree to submit to the college President within thirty days following my return from this completed leave a report that identifies the manner in which I accomplished the objectives of this leave and gives evidence of its successful completion, as specified in the current contract.

\_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Date**

**DIVISION DEAN**

Instructor replacement: \_\_\_\_\_ hours at \$ \_\_\_\_\_ per lecture hour = \$ \_\_\_\_\_  
(include coordination hours if applicable)

Instructor replacement: \_\_\_\_\_ hours at \$ \_\_\_\_\_ per lab hour = \$ \_\_\_\_\_

Instructor replacement office hours: \_\_\_\_\_ hours at \$ \_\_\_\_\_ per special rate= \$ \_\_\_\_\_

Subtotal: \$ \_\_\_\_\_

Instructor replacement benefits (11.385 % of subtotal): \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

If instructor will not be replaced, check here

\_\_\_\_\_  
**Signature of Dean** \_\_\_\_\_  
**Date**

**PROFESSIONAL DEVELOPMENT COMMITTEE**

Approve       Deny      \_\_\_\_\_ units      Amount: \$ \_\_\_\_\_

\_\_\_\_\_  
**Signature of Committee Chair** \_\_\_\_\_  
**Date**

**PRESIDENT**  Approve  Deny

\_\_\_\_\_  
Signature of President \_\_\_\_\_  
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.**