

**RIVERSIDE COMMUNITY COLLEGE DISTRICT**

**SABBATICAL LEAVE REQUEST FORM**

FACULTY MEMBER \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

**DATES AND DURATION OF SABBATICAL LEAVE REQUESTED:**

(Review Article XIII, Section M of the Agreement between the Riverside Community College District and the Riverside Community College Chapter CTA/NEA for details.)

\_\_\_\_\_ FULL YEAR'S LEAVE FOR \_\_\_\_\_  
(70% REGULAR SABBATICAL LEAVE)

\_\_\_\_\_ FULL YEAR'S LEAVE FOR \_\_\_\_\_  
(100% SPECIAL SABBATICAL LEAVE)

\_\_\_\_\_ SEMESTER LEAVE FOR \_\_\_\_\_  
(100% SEMESTER SABBATICAL LEAVE)

\_\_\_\_\_ RETURN TO INDUSTRY LEAVE FOR \_\_\_\_\_

ABSTRACT OF PURPOSE OF SABBATICAL LEAVE:

**Complete this form and the top section of the Sabbatical Leave Request form along with your draft per the Sabbatical Leave Proposal Guidelines. (See attached page).**

**Submit to the *Office of Faculty Affairs* by *February 15* for the following academic year and by *May 15* for the following spring semester only.**

**A "Certificate of Health" signed by physician must accompany this application (Article XIII, M,3,d). Please be aware that a Sabbatical Leave Bond will be required following Board approval.**

RIVERSIDE COMMUNITY COLLEGE DISTRICT  
SABBATICAL LEAVE REQUEST SIGN OFF

**This form must accompany the sabbatical leave proposal**

Faculty Member's Name \_\_\_\_\_

Department/Discipline/Campus \_\_\_\_\_

Date of submission to Professional Growth and Sabbatical Leave Committee \_\_\_\_\_

**DEPARTMENT CHAIR** (This signature must accompany submission to the Dean of Faculty's Office.)

Concur: \_\_\_\_\_

Signature \_\_\_\_\_

Do Not Concur: \_\_\_\_\_

Date: \_\_\_\_\_

**CAMPUS CHIEF INSTRUCTIONAL OFFICER:**

Concur: \_\_\_\_\_

Signature \_\_\_\_\_

Do Not Concur: \_\_\_\_\_

Date: \_\_\_\_\_

**CAMPUS PRESIDENT/PROVOST:**

Concur: \_\_\_\_\_

Signature \_\_\_\_\_

Do Not Concur: \_\_\_\_\_

Date: \_\_\_\_\_

**PROFESSIONAL GROWTH AND SABBATICAL LEAVE COMMITTEE:**

Concur: \_\_\_\_\_

Signature \_\_\_\_\_

Do Not Concur: \_\_\_\_\_

Date: \_\_\_\_\_

**VICE CHANCELLOR, ACADEMIC AFFAIRS:**

Concur: \_\_\_\_\_

Signature \_\_\_\_\_

Do Not Concur: \_\_\_\_\_

Date: \_\_\_\_\_

(If non-concurrence, attach reasons (s). After action forward to Office of the Chancellor.)

**BOARD OF TRUSTEES:**

Concur: \_\_\_\_\_

Date: \_\_\_\_\_

Do Not Concur \_\_\_\_\_