COLUMBUS STATE COMMUNITY COLLEGE

FACULTY APPLICATION FOR SABBATICAL LEAVE

I. APPLICANT INFORMATION

Name _____ Extension # _____

Title/Department _____ Date of Full-time Hire _____

Semester/Year of Last Sabbatical _____

Date sabbatical leave is to begin _____ and end _____

Note: Sabbatical work undertaken outside Ohio and/or the United States precludes overload teaching assignments.

II. INITIAL ELIGIBILITY REVIEW

Initial eligibility review for sabbatical leave requires that candidates meet the requirements related to the minimum years of service, required years since previous sabbatical leave, the attainment of tenure, and are not involved in any phase of disciplinary action.

- Does the sabbatical applicant meet initial eligibility review requirements? ☐ YES ☐ NO
- Reason(s) sabbatical applicant does not meet initial eligibility requirements.

Director of Human Resources or Designee: _____ Date _____

III. SUPPORTING DOCUMENTATION

Sabbatical leave will be granted for purposes that will enhance the quality of instruction, student services, and management at the College and therefore must be clearly related to the sabbatical candidate's responsibilities.

Please attach a proposal for sabbatical leave, not to exceed two double-spaced typewritten pages, to this form. Should you request two semesters, please add an additional page explaining why you require two semesters.

All proposals must describe:

1. Objective(s) for the sabbatical;
2. Means of achieving the objective(s);
3. Benefits to Columbus State Community College; and
4. Proposed methods of reporting to appropriate individuals or groups the results of the sabbatical.

IV. REVIEW AND RECOMMENDATIONS

Granting of request is ☐ recommended ☐ not recommended _____ Department Representative _____ Date

Granting of request is ☐ recommended ☐ not recommended _____ Chairperson _____ Date

Granting of request is ☐ recommended ☐ not recommended _____ Dean/Director _____ Date

Final awarding of sabbatical is subject to availability of funding.
See CSCC Policy No. 5-03, Section A, paragraph 4, d.

V. SABBATICAL APPLICATION RANKING *(If needed)*

Upon review by the Division Sabbatical Review Committee, the committee hereby assigns a rank of _____ out of _____ to this sabbatical application.

Division Committee Representative: _____ Date: _____