NAME: __________________________________________  __________________________________________

Last                          First

LOCATION: [ ] CC  [ ] FC  [ ] SCE  JOB TITLE: [ ] Instructor  [ ] Counselor
Division: ____________________  Dept: ____________________

TITLE OF SABBATICAL PROPOSAL: ______________________________________________________________

ACADEMIC YEAR(S) DURING WHICH SABBATICAL LEAVE WAS TAKEN: __________________________________

TERM OF SABBATICAL LEAVE:  PURPOSE OF SABBATICAL LEAVE:

[ ] ONE SEMESTER ONLY (specify):  [ ] Fall  [ ] Spring  [ ] Educational Advancement

[ ] FULL ACADEMIC YEAR  [ ] Research

[ ] TWO SEMESTERS, CONSECUTIVE YEARS (specify):

#1: Sem _____ Yr _____  #2: Sem _____ Yr _____  [ ] Travel Study

If the sabbatical leave was for the purpose of educational advancement, attach evidence of completion of educational activities (grade cards, transcripts, certificates, employer statements, etc.)

[ ] Yes Date of Presentation ___________  [ ] No Expected date of Presentation ___________

TO WHOM DID / WILL YOU MAKE THE PRESENTATION?

DESCRIBE THE STRUCTURE AND CONTENT OF THE PRESENTATION:

Signature ___________________________________________  Date ________________________________

HR USE ONLY

Received  Reviewed by PG&D

Submit original materials to the District Office of Human Resources; submit copy to Campus President and Division Dean

PG&D rev 4/09