

APPLICATION FOR SABBATICAL LEAVE

PASADENA AREA COMMUNITY COLLEGE DISTRICT

TO: Office of Human Resources
Room C-204

NAME: _____

DATE: _____

Please consider my request for sabbatical leave of absence for one of the following periods

College Year 20__ 20__

OR

Fall Semester only 20__

Spring Semester only 20__

I am requesting this sabbatical leave for **study** in accordance with the regulations and provisions of Sections 87767-87775 of the Education Code of the State of California, and subject to the following provisions:

1. A copy of the catalog description of the coursework to be completed, course units, and definition of a full load upper division undergraduate study, graduate work, or independent research as defined by the Institution being attended. By submitting these copies, the applicant agrees to undertake a full load per semester.
2. Detailed statements *specifically* explaining how this study will be designed to enlarge the applicant's understanding of educational psychology, to improve facility in teaching techniques, and/or to broaden experience in special fields ***directly related*** to the current assignment.
3. Letters of acceptance or other evidence of enrollment and/or registration in the academic institution that is the basis for the request. If registration has not yet commenced, please provide official documentation from the institution (i.e. letterhead from the registrar's office, program manager, academic adviser or division chair) specifying registration dates for the upcoming academic year.

Note: As reference, you may view samples of previously recommended applications available in the Office of Human resources.

Note: If a sabbatical leave is approved, faculty is compensated 75% of salary earnings and STRS contributions. If you wish to apply banked hours, please fill out the "Application To Use Banked Hours" and submit the form when approval notice is received.

APPROVED BY:	Applicant has notified the Dean of intention to apply for a sabbatical leave.
Vice President, Human Resources	Signature of Dean
Superintendent-President	Signature of Applicant
	Division/Department