

Application for Sabbatical/Retraining Leave

Note: Please fill in the designated sections of this form and submit it, in triplicate, to the College President or designee. It will then be forwarded to the Chancellor or designee with recommendations for action. You will be notified of the final action taken on this application. Applications for sabbatical/retraining leave must be filed **prior to February 1 for requests referring to the subsequent year.**

Name	(Last)	(First)	(Middle)	Date
Address				Telephone
Assignment				

The undersigned, accepting the provisions of the Education Code of the State of California, Sections 87767-87775, and the regulations of the Kern Community College District described in the Faculty Contract requests a sabbatical/retraining leave of absence for the following purpose and term:

<p>Purpose while on sabbatical/retraining (Check one):</p> <p><input type="checkbox"/> A. Retraining requested by District (please attach a copy written request by District) compensation 100%.</p> <p><input type="checkbox"/> B. Compensation 60% academic year, 90% one semester, 60% a semester --split academic year</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Collegiate study <input type="checkbox"/> Research <input type="checkbox"/> Retraining <input type="checkbox"/> Travel study <input type="checkbox"/> Occupational skill development <input type="checkbox"/> Creative/technical </p>	<p>Term (Check one):</p> <p><input type="checkbox"/> A. Academic year _____ to _____</p> <p><input type="checkbox"/> B. One semester:</p> <p style="margin-left: 20px;">Fall semester _____ to _____</p> <p style="margin-left: 20px;">Spring semester _____ to _____</p> <p><input type="checkbox"/> C. Split academic year, two non-consecutive semesters</p> <p style="margin-left: 20px;">Semester _____ to _____</p> <p style="margin-left: 20px;">Semester _____ to _____</p>
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Note: See **Faculty Contract for description and requirements of all the above categories.** Attach a statement giving a detailed description of sabbatical/retraining plans, emphasizing how this plan will improve your competence in your professional assignment. All programs shall approximate full-time commitment.

I have conferred with the applicant about his/her sabbatical/retraining plans.

_____	_____
(Date)	(Signature of Department/Division Chairperson)
_____	_____
(Date)	(Signature of Supervising Dean)

Compensation While On Sabbatical/Retraining Leave

(Check one)

Compensation monthly while on sabbatical/retraining leave (bond must be posted by applicant prior to the first pay period during the sabbatical/retraining leave).

Compensation to be paid during the first two years of service rendered after the employee's return from leave, one-half of the amount being paid each school year.

I hereby certify that I have read and understand my legal responsibilities as listed in the Faculty Contract.

_____	_____
(Date)	(Signature of Applicant)

(Office Use Only)

Disposition of Applicant Request

Number of consecutive years of service _____ Total years service in District _____

<input type="checkbox"/> Application Approved <input type="checkbox"/> Application Not Approved	<input type="checkbox"/> Application approved <input type="checkbox"/> Application Not Approved
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_____	_____
(College President's Signature)	(Chancellor's/Designee's Signature)
_____	_____
(Action by the Board of Trustees)	(Date)

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