

# 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 **travel** 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 subject to the following provisions:

1. A detailed weekly itinerary which includes the reasons for selecting each major destination as well as the specific contribution(s) visiting these destinations would add to your expertise. If your plan indicates you will visit facilities and/or people, what contacts have you made or expect to make.
2. Detailed statements to support weekly itinerary is planned as to evidence specific ways in which travel will contribute to the improvement of the applicant's services with respect to the particular educational field in which the employee is engaged.
3. Information as to how you plan to bring the results of your travel to your students. If this plan includes photography, sound recording, or the like, what technical skills do you possess?

**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