

**MONTGOMERY COLLEGE
APPLICATION FOR FACULTY SABBATICAL LEAVE
FALL 2018 or SPRING 2019**

Save this application to your computer using the naming protocol of lastname_firstname_application. Complete it on your computer, using the tab key or arrow key to navigate through all items.

Applicant's Name: _____ Applicant's M#: _____

Title: ☐ Mr. ☐ Ms. ☐ Dr. ☐ Other: _____

Rank Title:

☐ Assistant Professor ☐ Associate Professor ☐ Professor ☐ Other: _____
Professor of _____

Campus:

- ☐ Germantown
☐ Rockville
☐ Takoma Park/Silver Spring
☐ Workforce Development and Continuing Education

Discipline/Service Area: _____

Leave requested for:

- ☐ Fall 2018 (full-time leave)
☐ Spring 2019 (full-time leave)

Eligibility for Sabbatical Leave

Confirm you meet the following two requirements:

- ☐ I am a Full-time Faculty member.
☐ I have completed fourteen (14) full academic semesters of service. If I have been awarded sabbatical leave in the past, I have completed 14 full academic semesters of service after that leave.

Verification will be checked by HRSTM Records.

Sabbatical Proposal

Indicate the total number of pages in your attached proposal: # _____

Please include a footer in your proposal with your name and department, and "page x of y."

Institutional and Organizational Support

I am planning to use my EAP funds to support training/coursework taken during my sabbatical leave.

☐ Yes ☐ No

I will be requesting funds from the EAP travel allowance (maximum of \$1,225) and my department/area to support travel expenses incurred as a result of my sabbatical leave project. *(All travel request forms must be retained by your department until sabbatical leave awards are announced. If leave is awarded, please submit the EAP request with travel estimates immediately to HRSTM).*

☐ Yes, amount requested: \$_____ ☐ No

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Applicant's History/Contributions

Number of years you have served as a faculty member at Montgomery College:

Part-time _____ Full-time _____

Have you previously applied for sabbatical leave?

☐ Yes, time period requested: _____

☐ No

Have you ever been awarded sabbatical leave by the College?

☐ Yes, semester and year awarded: _____

☐ No

Please list and briefly describe the five (5) most significant contributions you have made to Montgomery College, including contributions made outside the department, over the past seven (7) years. They may include program, department, governance organization, committees, etc."

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Faculty Member Obligations¹

Continued Employment

Upon approval of the sabbatical leave, the faculty member must agree to return to the employ of the College for the next succeeding four (4) full academic semesters after completion of the leave period.

Report on Outcomes

Should the sabbatical leave be awarded, the faculty member is expected to submit a written report after the completion of his or her sabbatical leave. The report should contain an overview of the activities completed, correlating them to the plans and objectives outlined in the application proposal. If there have been major variations from the approved plan and its objectives, the report should explain the reason and/or results of the modifications.

The leave report is to be submitted to the individual's department chair, dean, and HRSTM, Benefits area for acceptance within 60 calendar days after the beginning of the academic semester following the expiration of sabbatical leave. Transcripts or a certificate of completion should be provided for any coursework.

Unmet Obligations

If the faculty member does not return from leave for the period required, fails to submit a report, or submits a report that is unsatisfactory and rejected by the college administration, he or she is required to reimburse the College for all funds paid directly to the faculty member or paid on his/her behalf.

¹Agreement between Board of Trustees, Montgomery Community College and Montgomery College Chapter, American Association of University Professors, March 2015.

Acknowledgement and Acceptance of Obligations

I have read and understand my obligations to Montgomery College, as outlined above. I accept responsibility for fulfilling these obligations if awarded sabbatical leave.

Typed name (e-signature): _____ Date: _____

1. Name your proposal lastname_firstname_proposal Fall 2018 or Spring 2019.
2. Send an email with this completed application (including your name at the top of each of the three recommendation pages) and your proposal in Word (example: Doe_John_application, Doe_John_proposal Fall 2018 or Spring 2019) to your chair.
3. Your department chair will write a reference in the application and forward it and the proposal as attachments in an email to your dean.
4. Your dean will write a reference in the application and forward it and the proposal as attachments in an email to your vice-president/provost.
5. Your vice-president/provost will write a reference in the application and forward it and the proposal, to you no later than Friday, November 10, 2017.
6. You will log in to Workday, request the leave, and upload the proposal and all pages no later than Friday, November 10, 2017 (this is a new procedure).

Please know that it is your responsibility to ensure that this application and proposal are submitted in adequate time to obtain the three required approvals and be uploaded to Workday by Friday, November 10, 2017.

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Applicant's Name: _____

•Department Chair's Review:

Please type your comments/recommendation in this box and save it to your computer. Using the e-mail you received from the faculty member, please attach this application and proposal and forward it to the applicant's dean.

Date application and proposal received: _____

Comments/Recommendations (type here):

Typed name that serves as your e-signature: _____

Date: _____

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Applicant's Name: _____

●Dean's Review:

Please type your comments/recommendation in this box and save it to your computer. Using the e-mail you received from the faculty member, please attach this application and proposal and forward it to the applicant's vice president and provost.

Date application and proposal received: _____

Comments/Recommendations (type here):

Typed name that serves as your e-signature: _____

Date: _____

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Applicant's Name: _____

●Vice President/Provost's Review:

Please type your comments/recommendation in this box and save it to your computer. Using the e-mail you received from the faculty member, please attach this application and proposal and forward it to the faculty member no later than Friday, November 10, 2017 (Note – this is a new procedure).

Date application and proposal received: _____

Comments/Recommendations (type here):

Typed name that serves as your e-signature: _____

Date: _____