

**APPENDIX E  
LEAVE REQUEST FORM**

Name: \_\_\_\_\_

Type of Leave Requested (check one)

- Sabbatical
- Administrative
- Leave without Pay

Dates and Types of Last Leave (if requesting sabbatical leave)

Dates of Requested Leave:

**Applications for Sabbatical Leave Only:**

Attached a detailed **Sabbatical Plan** that complies with Section X.A.2.a of this **Handbook** to this application and submit to your Department Chair.

My signature below attests that I understand and agree to the following conditions:

During my sabbatical, I may receive scholarship, fellowship, grant or other remuneration in addition to my salary or accept other employment only if the remuneration and/or employment contributes to the achievement of the goals specified in my sabbatical plan and are approved in writing by the President in advance of my receipt or acceptance thereof.

Upon completion of my sabbatical, I shall either return to the College for a full year's employment or reimburse the College in full for all salary paid to me during the sabbatical. Exceptions to this agreement must be approved in writing by the President.

Upon returning from sabbatical, I shall hold the same rank and receive the same salary, seniority, and rights to retention that I would have received if I had not taken the sabbatical.

I understand and agree that I am accountable for complying with College and Trustee policy and state law governing sabbatical leaves; that I have read, understand, and agree to comply with section IX.A. of the ASC Faculty Handbook governing sabbatical leaves; and that I may be personally liable for all salary, benefits or other compensation paid to me by the College or Trustees if I apply for and take a sabbatical that does not comply with these policies and/or state law.

Within **sixty days of the last day of the semester (or if the sabbatical lasts two semesters, the second semester) in which my sabbatical was taken**, I shall submit a final sabbatical report to the Department Chair. The report shall summarize my activities during my sabbatical in sufficient detail to permit a determination of whether I **performed the research or other work** specified in my sabbatical plan.

I understand that my final sabbatical report is a public record open for public inspection under the Colorado Public Records Act. I understand and agree that I will be ineligible for any future sabbaticals if I fail to achieve the goals specified in my sabbatical plan.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_