

**FACULTY SABBATICAL PROGRAM
APPLICATION**

Instructions:

1. Complete this application. Type or **word process** all responses.
2. Obtain signature of Director of Budget and Payroll.
3. Submit this application to the immediate supervisor by the first Monday in February.

Name: _____
 Last First Middle Social Security Number

Campus/Center: _____

Department: _____ Position: _____

Phone/Email: _____

Sabbatical requested to begin on: _____ and end on: _____
 First day of term Last day of term

Complete this section only if you have previously been granted a sabbatical.

Dates of last sabbatical granted: _____ through _____
 Month/Year Month/Year

Major purpose of sabbatical was: _____ _____
 Study Writing / Externship

Other: (describe)

Program Objectives: Explain briefly using the selection criteria.

1. The objectives of your sabbatical.

*If your objective is a program of study at a university, include courses to be taken and college to be attended along with supportive documentation.

*If your objective is writing/publishing, include a description of the work proposed/in progress. If your proposal is externship or collaboration with business, include supportive detail of the objectives, benefit to the program, students, and compensation proposal.

*If your proposal does not fall into either of these categories, include sufficient supportive detail along with your objectives.

2. How your sabbatical relates to your current position at the College.
3. How your sabbatical will be of benefit to FSCJ.

Attach separate sheets as needed.

Budget: To determine funding needed to grant the sabbatical, the following budget information must be provided. Forward pages 1 and 3 of this application to the Budget Office, MCCS, room #322.

1. Faculty Name: _____
2. Faculty Position Title: _____
3. Position Code: _____
- _____ 4. Faculty's current base annual salary plus benefits
- _____ 5. 70% of faculty's current base annual salary plus 26%
- _____ 6. Subtract line 5 from line 4 to determine funds available for replacement faculty
- _____ 7. Cost for replacement of faculty member on sabbatical is either (a) cost of replacement by adjunct faculty, or (b) cost of replacement by temporary full-time faculty appointment
- _____ 8. Salary funds available in operational budget if faculty is on sabbatical

Director of Budget and Payroll

Date

Faculty Member's Work Assignment (to be completed by immediate supervisor)

Describe faculty member's normal on campus work assignment during period of requested sabbatical.

Describe how the faculty member's on campus normal work assignment will be handled during the sabbatical period.

Proposal Acknowledgement and Support: The following signatures and dates must be obtained to complete the application process.

_____ I support the proposed sabbatical
_____ Resubmit with changes
_____ I do not support the proposed sabbatical

Immediate Supervisor

Date

_____ I support the proposed sabbatical
_____ Resubmit with changes
_____ I do not support the proposed sabbatical

Appropriate Campus Dean

Date

Committee Recommendation

Signatures of Committee Members

Date

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ I support the proposed sabbatical
_____ Resubmit with changes
_____ I do not support the proposed sabbatical

Campus President

Date

ACTION OF COLLEGE PRESIDENT:

Approved: _____ Date: _____ Disapproved: _____ Date: _____

Signature: _____