



APPLICATION FOR FACULTY MEMBER SABBATICAL LEAVE

This application must be completed and submitted to the Office of Human Resources, with a copy to the Campus President. Refer to the HCC-FUSA Agreement and the appropriate administrative procedure prior to completing this form. Your academic dean will provide you with a copy of the administrative procedure. PLEASE PRINT/TYPE.

Name _____ Campus _____

Colleague ID Num or SSN _____ Discipline _____

Leave Work at HCC on _____ Return to Work at HCC on _____

Requested Amount of Time (e.g. 1 yr, 1 term, etc.) _____ Beginning Date of Full-time Employment at HCC _____

____ I have taken Sabbatical Leave at HCC before.
From (date) _____ To (date) _____

____ I have NOT taken Sabbatical Leave at HCC before.

Explain the purpose of the sabbatical leave.

Describe in detail the proposed plan/activity.

List the name of the institution/location of travel.

Indicate if the institution will be providing any financial support.

Describe the expected results (professional benefits of the sabbatical leave).

Faculty member's Signature

Date