

ONE SEMESTER NON-TEACHING ASSIGNMENT / SABBATICAL LEAVE REQUEST FORM

Applicant: _____ Semester / year assignment is being requested: _____
Division Name: _____ Date of Application Submission: _____
Beginning of full-time employment at College of DuPage: _____ (month/year)
Rationale of why this particular semester / year is being requested: _____

Have you had a One-Semester/Quarter Non-teaching Assignment and/or Sabbatical Leave?

Please check: No ___ Yes ___ If Yes, when? _____

Brief abstract of last leave's purpose: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS, BY NUMBER, ON A SEPARATE SHEET:

COMPLETED REQUESTS SHOULD BE FIVE PAGES OR LESS

1. What is the proposed leave activity?
2. What are the projected benefits for the: a) students; b) faculty applicant; and c) program; d) college community.
3. How will you evaluate the project?
4. Please write a brief abstract summarizing your project including goals and anticipated outcomes (75 words).

Dean Recommendation: Support Non-support

Dean Signature _____ Date _____

Comments: _____

For further information refer to the Contractual Agreement Between the Board of Trustees of College of DuPage and College of DuPage Faculty Association IEA/NEA, 2012-2015 Section I 9: Leaves: Sabbatical and One Semester Non-teaching Assignment; I 9.1 Sabbatical Leaves; and I 9.2 Semester Non-teaching Assignment Leave.

As a reminder, a presentation to appropriate colleagues must be completed within six calendar months of return.

Please consult with your Dean or a former Sabbatical or Leave recipient if you would like feedback or advice.