

SABBATICAL LEAVE ELIGIBILITY FORMS (A and B)

INSTRUCTIONS

This form is now a required part of the sabbatical application process. Form A or B must be submitted and eligibility verified before the rest of the application will be accepted. The forms are available online and from the Faculty Development Office and should be returned to the Dean for Faculty Development, Carole Swain, who verifies eligibility.

The possession of tenure before filing an application is the first requirement to be met by anyone considering a sabbatical leave.

FORM A should be completed by faculty applying for a first sabbatical at SMC.

FORM B should be completed by faculty applying for a second or subsequent sabbatical at SMC.

INSTRUCTIONS FOR COMPLETING ELIGIBILITY FORM:

1. Fill in your name and department/program.
 - A. Form A - For those applying for a first sabbatical at SMC, give your date of hire and the date on which you began a tenure track appointment at SMC, if it is different from your date of hire.
 - B. Form B - For those applying for a second or subsequent sabbatical at SMC, give the date at which your previous sabbatical concluded.
2. List each academic year while on tenure track during which you provided full-time (7/7ths or its equivalent) "service to the college." You may count the year during which you apply for sabbatical leave. If there were any academic years during which you were on tenure track but did not provide full-time service, list those in the section "Academic years of partial service on tenure track."
3. You must have the equivalent of six full years of service to the College on tenure track to be eligible for sabbatical. Faculty hired at the beginning of the 1997-1998 academic year may count up to two years of the pre-tenure track, full-time service credit which they were given at date-of-hire. Enter this information under "special credit" and detail it in section at bottom of eligibility form.
4. Fill in all applicable lines and information EXCEPT for the "Verification Signature/Date" line.
5. Have form signed by your dean.
6. Submit signed and completed form to the Dean for Faculty Development, Faculty Development Office. Your application for sabbatical will not be considered without a completed and verified eligibility form.

FORM A

Eligibility for first sabbatical at SMC. Request full year __ Half year __

NAME: _____ DEPT: _____

Date of Hire: _____

Date of first semester on tenure track, if different from date of hire: _____

List academic years of full-time (7/7th or equivalent) service on tenure track:

_____	_____
_____	_____
_____	_____

List academic years of partial service on tenure track (include # of 7ths for each year):

_____	_____
_____	_____

List academic years for which you are receiving special credit toward "service" from years of full-time service while not on tenure track (NT) or years while on any kind of leave (OL):

Academic year: (check whichever applies)

_____ NT or OL (personal) or OL (academic)
or On leave Other (explain below)

_____ NT or OL (personal) or OL (academic)
or On leave Other (explain below)

_____ NT or OL (personal) or OL (academic)
or On leave Other (explain below)

_____ TOTAL YEARS APPLIED TOWARD SABBATICAL LEAVE ELIBILITY

ACKNOWLEDGMENT SIGNATURE (Your Dean)

DATE

VERIFICATION SIGNATURE (Carole Swain)

DATE

Special explanation for leaves: _____

FORM B

Eligibility for second or subsequent sabbatical at SMC. Requests full year ___ Half year ___

NAME: _____ DEPT: _____

Date of conclusion of previous sabbatical leave: _____

Fill out form below with information SINCE THE END OF PRIOR SABBATICAL LEAVE:

List academic years of full-time (7/7th or equivalent) service on tenure track:

_____	_____
_____	_____
_____	_____

List academic years of partial service on tenure track (include # of 7ths for each year):

_____	_____
_____	_____

List academic years for which you are receiving special credit toward "service" from years of full-time service while not on tenure track (NT) or years while on any kind of leave (OL):

Academic year: (circle whichever applies)

_____ NT or OL (personal) or OL (academic)
or On leave Other (explain below*)

_____ NT or OL (personal) or OL (academic)
or On leave Other (explain below*)

_____ NT or OL (personal) or OL (academic)
or On leave Other (explain below*)

_____ TOTAL YEARS APPLIED TOWARD SABBATICAL LEAVE ELIBILITY

ACKNOWLEDGMENT SIGNATURE (Your Dean)

DATE

VERIFICATION SIGNATURE (Carole Swain)

DATE

*Special explanation for leaves: _____