INSTRUCTIONS for
SABBATICAL LEAVE ELIGIBILITY (Forms A and B)
and ACCEPTANCE /REQUEST FPR CHANGE (Form C)

These forms (as applicable) are 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 on the Provost's website and should be returned to the Office of Academic Affairs, which verifies eligibility. When a sabbatical is granted, Form C must be submitted to the Office of Academic Affairs in order to complete the acceptance/funding process.

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.
FORM C should be completed by all faculty accepting a sabbatical that has been granted.

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 Director for Faculty Development, Faculty Development Office. Your application for sabbatical will not be considered without a completed and verified eligibility form.

7. If the President grants the requested sabbatical, you then fill out Form C, get the appropriate signatures, submit Form C to the Office of Academic Affairs no later than March 1 of the academic year in which your sabbatical is granted. This step is to facilitate accurate course scheduling for the following academic year.
FORM A

Eligibility for first sabbatical at SMC. Request full year ___ Half year ___
(If you know now that you may have to request a deferred sabbatical, check here: ___)

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

____________________  \____________________

____________________  \____________________

____________________  \____________________

_______ TOTAL YEARS APPLIED TOWARD SABBATICAL LEAVE ELIBILITY

ACKNOWLEDGMENT SIGNATURE (Your Chair/PD) DATE

ACKNOWLEDGMENT SIGNATURE (Your Dean) DATE

VERIFICATION SIGNATURE (Provost) DATE

*Special explanation for leaves:
FORM B

Eligibility for second or subsequent sabbatical at SMC. Request full year __ Half year __
(If you know now that you may have to request a deferred sabbatical, check here: ___)

NAME: ____________________ DEPT: ____________________

Date of conclusion of previous sabbatical: ____________________

List academic years of full-time (7/7ths or equivalent) service since returning from previous sabbatical:

__________________________________________

__________________________________________

__________________________________________

List academic years of partial service since previous sabbatical (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 previous sabbatical was deferred (DF) or years while on any kind of leave (OL):

Academic year(s): DF or OL (personal) or OL (academic) or On leave Other (*explain below)

__________________________________________

__________________________________________

__________________________________________

TOTAL YEARS APPLIED TOWARD SABBATICAL LEAVE ELIBILITY

ACKNOWLEDGMENT SIGNATURE (Your Chair/PD) DATE __________

ACKNOWLEDGMENT SIGNATURE (Your Dean) DATE __________

VERIFICATION SIGNATURE (Provost) DATE __________

*Special explanation for leaves:
FORM C

To complete the sabbatical acceptance process and receive the approved funding, the recipient must fill out the following information and submit it to the Office of Academic Affairs, with the signatures of the appropriate Chair/Program Director and School Dean, no later than March 1 of the academic year in which the sabbatical is granted by the President.

NAME: ________________________ DEPT: ________________________

I accepted the sabbatical granted by the President ________________________ (signature and date)

I. I plan to take my sabbatical period as initially requested (indicate which applies)

Half year (from month/year to month/year) ___________________________

Full year (from month/year to month/year) ___________________________

II. I need to request a change in my sabbatical plans
(*Any changes to the original sabbatical request must be approved by the Provost, in consultation with the appropriate chair/program director and School Dean.)

For personal reasons I request that:

the start of my sabbatical be deferred for one year _____ two years _____

my sabbatical be changed from half-year to full-year _____

my sabbatical be changed from full-year to half-year _____ (starting: __________) month/year

For institutional reasons I have bee requested to defer my sabbatical, as explained below:

Therefore, I am requesting that the start of my sabbatical be deferred for

one year _____ two years _____ (Any additional deferral must be approved each year)

_________________________________ _______________________
SIGNATURE (Chair/PD) DATE

_________________________________ _______________________
SIGNATURE (School Dean) DATE

_________________________________ _______________________
APPROVAL SIGNATURE (Provost) DATE