

**INSTRUCTIONS for
SABBATICAL LEAVE ELIGIBILITY (Forms A and B)
and ACCEPTANCE/REQUEST FOR 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 through the [Academic Affairs forms page](#) or [Faculty Development](#) and should be returned to the Office of Academic Affairs (academicaffairs@stmarys-ca.edu), which verifies eligibility. When a sabbatical is granted, Form C must be subsequently 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 due Aug. 15th.
FORM B should be completed by faculty applying for a second or subsequent sabbatical at SMC due Aug. 15th.
FORM C should be completed by all faculty accepting a sabbatical that has been granted due March 1st.

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 as 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 (Provost)” line.
5. Have form signed by your dean and chair/program director.
6. Submit signed and completed form A or B to the Faculty Affairs Manager (FAM) in Academic Affairs. Academic Affairs will verify your eligibility for sabbatical for the applied year. Your application for sabbatical will not be considered without a completed and verified eligibility form.
7. If eligible, you will receive confirmation of eligibility. Submit your sabbatical proposal (different from Form A/B; see [Faculty Handbook](#) §2.10.1.3) to the FAM and your department chair/program director by September 1st. Copies of your approved application and proposal will be forwarded to the Director for Faculty Development.
8. If the President grants the requested sabbatical (notification sent in December), then fill out Form C, get the appropriate signatures, and 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 academic year.

SABBATICAL FORM A

Due August 15. 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:

State the reasons why you may have to request a deferred sabbatical: _____

NAME: _____ DEPT: _____

If you are requesting sabbatical from a prior deferred year, please check and skip to signatures:

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): (circle whichever applies)

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

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

_____ TOTAL YEARS APPLIED TOWARD SABBATICAL LEAVE ELIGIBILITY

ACKNOWLEDGMENT SIGNATURE (Your Chair/PD)

DATE

ACKNOWLEDGMENT SIGNATURE (Your Dean)

DATE

VERIFICATION SIGNATURE (Provost)

DATE

SABBATICAL FORM B

Due August 15. 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:

State the reasons why you may have to request a deferred sabbatical: _____

NAME: _____ DEPT: _____

If you are requesting sabbatical from a prior deferred year, please check and skip to signatures

Date of conclusion of previous sabbatical: _____

List academic years of full-time (7/7th 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): (indicate whichever applies)

_____ DF or OL (personal) or OL (academic) or On leave Other
(explain: _____)

_____ DF or OL (personal) or OL (academic) or On leave Other
(explain: _____)

_____ TOTAL YEARS APPLIED TOWARD SABBATICAL LEAVE ELIBILITY

ACKNOWLEDGMENT SIGNATURE (Your Chair/PD) DATE

ACKNOWLEDGMENT SIGNATURE (Your Dean) DATE

VERIFICATION SIGNATURE (Provost) DATE

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 been 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