

Name:	Campus:	Department:
-------	---------	-------------

I am applying for the following type of sabbatical leave for/during the _____ academic year.

- ☐ One full academic year at half pay
- ☐ One major Semester (Semester I or Semester II) at full pay

If granted this leave, I understand and agree to comply with the reporting requirements contained in Article 6.36 and the repayment provisions of Article 6.34 [Collective Bargaining Agreement](#) between the Board of Trustees of Broward College and UFF and agree to sign a promissory note to the college to that effect. I understand that I shall be given the same consideration as though on duty in matters of seniority, salary, insurance and retirement benefits, but shall not accrue sick leave (or vacation leave if applicable) during the period of sabbatical leave.

- ☐ I have **attached** a comprehensive narrative detailing my sabbatical plans: what I expect to accomplish, how my sabbatical will improve my effectiveness with students in and outside the classroom, and how my sabbatical will contribute to the College and the overarching goal of student success. If you are proposing to pursue graduate course work, please indicate the course titles, the number of credits, and the institution(s) you plan to attend. Please note that a separate written request for tuition reimbursement must be completed using the standard Tuition Reimbursement form prior to enrolling in any coursework or starting the sabbatical.

Attach documents
here:

[How do I attach documents?](#)

Approvals:

Applicant Name:	Signature	Date:
Associate Dean Name:	Signature	Recommendation: YES NO If no, why?
Gi dYfj]g]b['Academic Dean BUa Y:	Signature	Recommendation: YES NO If no, why?
Vice Provost Bame:	Signature	Recommendation: YES NO If no, why?

Office Use only:

Sabbatical Leave Committee:	Signature	Recommendation: YES NO If no, why?
President:	Signature	Recommendation: YES NO If no, why?

Submit completed and digitally signed application to sabbaticalleave@broward.edu