



APPLICATION FOR FACULTY SABBATICAL LEAVE FALL 2024 or SPRING 2025

Save this application to your computer using the naming protocol of lastname_firstname_application.
Complete it on your computer, using the tab key or arrow key to navigate through all items.

Applicant's Name: _____ **Applicant's M#:** _____

Title: Mr. Ms. Dr. Other: _____

Rank Title:

Assistant Professor Associate Professor Professor Other: _____
Professor of _____

Campus:

- Germantown
- Rockville
- Takoma Park/Silver Spring
- Workforce Development and Continuing Education

Discipline/Service Area: _____

Leave requested for:

- Spring 2025 (full-time leave)
- Fall 2024 (full-time leave)

Eligibility for Sabbatical Leave

Confirm you meet the following two (2) requirements:

- I am a Full-time Faculty member.
- I have, or will have completed fourteen (14) full academic semesters of service.

If I have previously been granted sabbatical leave in the past, I have fulfilled 14 full academic semesters of service after that sabbatical leave.

Verification will be conducted by HRSTM Records.

Institutional and Organizational Support

I am planning to use my EAP funds to support training/coursework taken during my sabbatical leave.

- Yes No

I will be requesting funds from the EAP travel allowance (**maximum of \$1,375**) and my department/area to support travel expenses incurred as a result of my sabbatical leave project. *(All travel request forms must be retained by your department until sabbatical leave awards are announced.)*

- Yes, amount requested: \$ _____ No
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Sabbatical Proposal

Indicate the total number of pages (maximum of 15) in your attached proposal #_____.

The attached proposal must not exceed 15 pages. Proposals that exceed 15 pages will not be considered.

Please provide a 3–5 sentence summary of your sabbatical proposal below.

Also, ensure your proposal contains a footer with your name and department, and "page x of y."



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Applicant's History/Contributions

Number of years you have served as a faculty member at Montgomery College:
Part-time _____ Full-time _____

Have you previously applied for sabbatical leave?
 Yes, time period requested: _____
 No

Have you ever been awarded sabbatical leave by the College?
 Yes, semester and year awarded: _____
 No

Please list and briefly describe the five (5) most significant contributions you have made to Montgomery College, including contributions made outside the department, over the past seven (7) years. They may include programs, departments, governance organizations, committees, etc.



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Faculty Member Obligations

Continued Employment

Upon approval of the sabbatical leave, the faculty member must agree to return to the employ of the College for the next four (4) full academic semesters after the completion of the leave period.

Report on Outcomes

Should the sabbatical leave be awarded, the faculty member is expected to submit a written report after the completion of his or her sabbatical leave. The report should contain an overview of the activities completed, correlating them to the plans and objectives outlined in the application proposal. If there have been major variations from the approved plan and its objectives, the report should explain the reason and/or results of the modifications.

The leave report is to be submitted to the individual's department chair, dean, and the Coordinator of Sabbatical Leave/HRSTM for acceptance **within 60 calendar** days after the beginning of the academic semester following the expiration of sabbatical leave. Transcripts or a certificate of completion should be provided for any coursework.

Unmet Obligations

If the faculty member does not return from leave for the period required, fails to submit a report, or submits a report that is unsatisfactory and rejected by the college administration, he or she is required to reimburse the College for all funds paid directly to the faculty member or paid on his/her behalf.

¹Agreement between Board of Trustees, Montgomery Community College and Montgomery College Chapter, American Association of University Professors, March 2015.

Acknowledgement and Acceptance of Obligations

I have read and understand my obligations to Montgomery College, as outlined above. I accept responsibility for fulfilling these obligations if awarded sabbatical leave.

Typed name (e-signature): _____ **Date:** _____

1. Name your proposal lastname_firstname_proposal Fall 2024 or Spring 2025.
2. Send an e-mail with this completed application (including your name at the top of each of the three recommendation pages) and your proposal in Word (example: Doe_John_application, Doe_John_proposal Fall 2024 or Spring 2025) to your chair.
3. Your department chair will write a reference in the application and forward it and the proposal as attachments in an e-mail to your dean.
4. Your dean will write a reference in the application and forward it and the proposal as attachments in an e-mail to your vice-president/provost.
5. Your vice-president/provost will write a reference in the application and return it to the applicant. The applicant will request the leave and upload the application and supporting documents through Workday. The applicant will then send an email to HRbenefits@montgomerycollege.edu notifying HR with the request for leave, **no later than Friday, November 17, 2023.**



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Applicant's Name: _____

•Department Chair's Review:

Please type your comments/recommendation in this box and save it to your computer. Using the email you received from the faculty member, please attach this application and proposal and forward it to the applicant's dean.

Date application and proposal received: _____

Please type comments/recommendations in the text box below:

Typed name that serves as your e-signature: _____

Date: _____



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Applicant's Name: _____

●Dean's Review:

Please type your comments/recommendation in this box and save it to your computer. Using the email you received from the faculty member, please attach this application and proposal and forward it to the applicant's vice president and provost.

Date application and proposal received: _____

Please type comments/recommendations in the text box below:

Typed name that serves as your e-signature: _____

Date: _____



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Applicant's Name: _____

●Vice President/Provost's Review:

Please type your comments/recommendation in this box and save it to your computer. Using the email you received from the faculty member, please attach this application and proposal and return forward it to the applicant for them to upload into Workday **no later than Friday, November 17, 2023.**

Date application and proposal received: _____

Please type comments/recommendations in the text box below:

Typed name that serves as your e-signature: _____

Date: _____