



APPLICATION FOR FACULTY SABBATICAL LEAVE FALL 2025 / SPRING 2026

Please save this application to your computer using the naming protocol of *lastname_firstname_application_Fall25* or *lastname_firstname_proposal_Spring26*. Complete the form on your computer, using the tab key or arrow key to navigate through all fields.

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:

- Fall 2025 (100% pay)
- Spring 2026 (100% pay)
- Fall 2025 and Spring 2026 (50% pay)

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 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 \$1,800**) 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

Please indicate the total number of pages (maximum of 15) in your attached proposal #_____.
The document should be single-spaced with an 11-point font size.

The attached proposal should not exceed 15 pages. Proposals exceeding 15 pages will not be considered.

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

Ensure your proposal includes a footer with your name, 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 College for the next four (4) full academic semesters following the completion of the leave period.

Report on Outcomes

If the sabbatical leave is awarded, the faculty member is expected to submit a written report after completing the sabbatical. This report should provide an overview of the activities completed, correlating them to the plans and objectives outlined in the application proposal. If there were significant deviations from the approved plan, and its objectives, the report should explain the reasons and/or results of these modifications.

The sabbatical report must 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 end of the 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 an unsatisfactory report rejected by the College administration, he or she must reimburse the College for all funds paid directly to or on behalf of the faculty member.

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 using the following format: lastname_firstname_proposal_Fall 2025 or lastname_firstname_proposal_Spring 2026.
2. E-mail the completed application (with your name at the top of each of the three recommendation page) and your proposal in MS Word format (e.g., Doe_John_application, Doe_John_proposal Fall 2025 or Spring 2026) to your department chair.
3. Your department chair will write a reference, then forward the application and proposal as email attachments to your dean.
4. Your dean will write a reference, then forward the application and proposal as email attachments to your campus dean.
5. Your campus dean will write a reference and return the application to you. Then request the leave and upload the application and supporting documents through Workday. The applicant will then send an email to leaverequest@montgomerycollege.edu notifying HR with the request for leave, **no later than Friday, October 11, 2024.**



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Applicant's Name: _____

Department Chair's Review and Approval

Please type your comments or recommendation in the box below and save the document to your computer. Using the email you received from the faculty member, attach the completed application and proposal and forward them to the applicant's dean.

Date application and proposal received: _____

Please enter your comments or 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 and Approval

Please type your comments or recommendation in the box below and save the document to your computer. Using the email you received from the faculty member, attach the completed application and proposal and forward them to the campus dean.

Date application and proposal received: _____

Please type your comments or recommendations in the text box below:

Typed name that serves as your e-signature: _____

Date: _____



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Applicant's Name: _____

Academic Vice President Review and Approval

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 it to the applicant for them to upload into Workday **no later than Friday, October 18, 2024.**

Date application and proposal received: _____

Please type your comments or recommendations in the text box below:

Typed name that serves as your e-signature: _____

Date: _____