



## APPLICATION FOR FACULTY SABBATICAL LEAVE FALL 2023 or SPRING 2024

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)

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### Eligibility for Sabbatical Leave

Confirm you meet the following two (2) requirements:

- I am a Full-time Faculty member.
- I have completed fourteen (14) full academic semesters of service. If I have been awarded sabbatical leave in the past, I have completed 14 full academic semesters of service after that leave.

Verification will be checked by HRSTM Records.

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### Sabbatical Proposal

Indicate the total number of pages in your attached proposal: # \_\_\_\_\_  
Please include a footer in your proposal with your name and department, and "page x of y."

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### 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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FALL 2023 or SPRING 2024**

**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.

<sup>1</sup>Agreement 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](mailto:HRbenefits@montgomerycollege.edu) notifying HR with the request for leave, no later than Friday, November 17, 2023.



**APPLICATION FOR FACULTY SABBATICAL LEAVE  
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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: \_\_\_\_\_

**Comments/Recommendations (type here):**

Typed name that serves as your e-signature: \_\_\_\_\_

Date: \_\_\_\_\_



**APPLICATION FOR FACULTY SABBATICAL LEAVE  
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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: \_\_\_\_\_

**Comments/Recommendations (type here):**

Typed name that serves as your e-signature: \_\_\_\_\_

Date: \_\_\_\_\_



**APPLICATION FOR FACULTY SABBATICAL LEAVE  
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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 it to the applicant for them to upload into Workday **no later than Friday, November 17, 2023.**

Date application and proposal received: \_\_\_\_\_

**Comments/Recommendations (type here):**

Typed name that serves as your e-signature: \_\_\_\_\_

Date: \_\_\_\_\_