

**INSTRUCTIONS
APPLICATION FOR SABBATICAL LEAVE
COMMUNITY COLLEGES**

Introduction:

The purpose of the sabbatical leave is to provide faculty members with an opportunity for further professional growth and development so that they may serve more effectively on their campuses and in their field of specialization.

Eligibility:

All tenured faculty members at Rank 2 or above may be eligible for sabbatical leave after six years (or 12 semesters) of full time creditable service with the University. Any leave of 30 days or less does not constitute a break in service. Initial appointments before October 1 in the Fall semester or February 1 in the Spring semester allow that semester to be counted in full. Full-time creditable service refers to full-time active duty service at the University.

Types of Leave Available:

For 9-month faculty members, leaves may be taken for one semester with full pay, or one academic year at half pay.

Tenured Faculty Members serving on eleven-month (11-month) appointments may alternatively be granted sabbatical leaves of shorter duration with full pay at proportionately more frequent intervals after the initial period of six (6) years of full-time creditable service at the University, provided that the total leave with pay taken within a sabbatical leave period does not exceed that provided for regular sabbatical leave.

Application Procedures:

- a) Complete the top portion of the application. Nine-month faculty taking one semester (6 months) leave with full pay or one year (12 months) leave at half pay must start on January 1, or August 1.

The period of sabbatical leave for 11-month faculty members with teaching or academic calendar related duties may go on sabbatical leave during the same periods as nine-month faculty members. Eleven-month faculty members whose duties are not affected by academic calendar requirements may start their sabbatical at any time, normally on the first day of a month.

Note: Refer to the Faculty Collective Bargaining Agreement for other conditions regarding leaves of absence with pay—sabbatical leaves.

- b) Confirm your eligibility with the campus Human Resources Office. The campus Human Resources Office will complete the top portion of Page 2.
- c) Develop a narrative plan following the outline given on Page 1 of the Application Form. If you have questions, please consult with your Vice Chancellor/Dean of Instruction or Designee.

Applications for sabbatical leave shall be considered based on:

- 1) The nature of the educational or professional program to be undertaken.
- 2) The effect of the applicant's absence on the work of the department or unit and on the operations of the University.

- d) Submit the application to the Department/Division Chair by the campus deadline, which shall be at least six (6) months before the effective date of the leave.
- e) You will generally be notified by your Chancellor by April 30 or October 30, respectively, of the outcome of your leave application.
- f) If your leave plan is approved but the leave is not granted because of lack of funds or inability to find replacements, you may resubmit the leave request in future semesters where it will be given priority consideration over new applications.

COMMUNITY COLLEGES

Name of Applicant: _____

Title: _____

College: _____

Dept/Div: _____

Rank: _____

Period of Sabbatical Leave Requested: _____ to _____

Sabbatical Plan:

On a separate sheet, please complete your sabbatical leave plan according to the following outline:

A. Nature of the educational or professional program to be undertaken, including:

- 1) Sabbatical objectives: Knowledge, experience and/or expertise, to be gained from the sabbatical for the benefit of the students, colleagues and campus(es). Where appropriate, the sabbatical plan should identify the specific output or tangible product of the sabbatical activity.
- 2) Relationship of objectives to college strategic plan goals, to anticipated duties, or to any approved projects with which you are or anticipate being involved.
- 3) Sabbatical activities planned to accomplish the sabbatical objectives. This would include any programs of study, community services, colleges/businesses to be visited, travel, materials development, and an approximate timeline for the different activities. Indicate any College-provided materials or facilities support you would require. Indicate if planning to attend the University of Hawai'i for tuition waiver purposes.

B. A summary, in outline form, of what you feel are your outstanding contributions to your College.

C. Indicate any financial remuneration from non-University of Hawai'i sources to be received during the sabbatical leave, including grants, fellowships and outside employment. If no outside funding will be received, indicate NONE.

Statement of Understanding and Compliance:

I understand that sabbatical leave is granted in accordance with University policy, and that should I be authorized such leave, I shall carry out my sabbatical plan, and within one semester, submit a written report on my sabbatical activities. I also understand that I am required to return to the University System for service for a period of not less than the period of the sabbatical leave. I agree that if I refuse to return, I shall reimburse the University all compensation received from the University covering the sabbatical leave period.

Signature of Applicant

Date

**SABBATICAL LEAVE
CERTIFICATION OF ELIGIBILITY
COMMUNITY COLLEGES**

Faculty Member is Tenured: _____ Yes _____ No

Date of Initial Hire: _____

Date of Previous Sabbaticals: _____ to _____
_____ to _____
_____ to _____

Type of Appointment: _____ 9 Month _____ 11 Month

Semesters of full-time, continuous service since completion of last sabbatical leave or initial hire:

Dates of any breaks in service: _____

I certify that the faculty member above is eligible to apply for the sabbatical leave requested.

Signature Date

Title

To be completed by the Dean/Designee

If approval is recommended, indicate how the duties of the applicant will be covered during the sabbatical leave.

| | | |
|--------------------------------------|------------------------------------|---------------|
| _____ Recommendation ¹ | _____ Department/Division Chair | _____ Date |
| _____ Recommendation ¹ | _____ Dean | _____ Date |
| _____ Recommendation ¹ | _____ Vice Chancellor | _____ Date |
| _____ Decision | _____ Chancellor | _____ Date |

Reported to the Board of Regents _____
Date

¹ If disapproval is recommended, please attach a separate sheet or explanation.