**BROOKDALE COMMUNITY COLLEGE**

**SABBATICAL LEAVE APPLICATION**

**NAME:** Type Name

**INSTITUTE/DIVISION:** Type Institute/Division **DEPARTMENT:** Type Department

**ONE-HALF YEAR**:  **ONE YEAR:**

**FALL TERM:  SPRING TERM:**

**DATE OF LAST SABBATICAL:**  Type Date

**TYPE OF SABBATICAL:** Choose Sabbatical Type

**IF OTHER, PLEASE SPECIFY:**  Type text

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**PLEASE ATTACH AN ABSTRACT OF THE PROPOSAL, INCLUDING ANSWERS TO THE FOLLOWING QUESTIONS:**

1. What is the exact nature of the proposal and how would this proposal benefit you?
2. How would this proposal benefit the College? Would it address enrollment, business  
   and industry, retention of students, minority concerns, or technology? Please explain.
3. Please provide a time schedule for the project activities.
4. Will you receive any outside remuneration for work done during the sabbatical? If so, how much?
5. Could you complete your proposal without a sabbatical leave? If yes, under what circumstances? If no, why?
6. Are there additional expenses required for this sabbatical *(i.e., travel money, tuition reimbursement, reimbursement for training courses, professional development funds,* *hardware, software, etc.)*?
7. Are there any support services needed from the College to complete your sabbatical  
   *(i.e., secretarial support, computer access, etc.)*?
8. How will your classes/job responsibilities be covered?

*vpaa-7/2020*