

Part I
Sabbatical Leave Report – Signature Page

(to be completed upon return from sabbatical leave and submitted with your report)

Attached is my comprehensive Sabbatical Leave Report. I certify that I have fulfilled the objectives of my sabbatical leave and will render the amount of service required by District Policy – Administrative Procedure AP7341.

NAME:

DEPARTMENT:

DATE SUBMITTED:

ACADEMIC SCHOOL YEAR IN WHICH LEAVE WAS TAKEN:

SEMESTER IN WHICH SABBATICAL LEAVE WAS TAKEN:

(NOTE: If this was a full-year leave or a variable leave, please indicate this. Do not include any unbanking as part of a sabbatical leave)

CHECK (X) TYPE OF SABBATICAL LEAVE:

Advanced Academic Studies, **or**
Self-directed studies

SIGNATURE:

ELECTRONIC SIGNATURES ARE ACCEPTABLE on the hard copy of this page.

Applicant should not write below this line.

APPROVALS

Title	Approved (Y/N)	Signature	Date
SLC Chair			
Academic Senate President			
Superintendent/ President			