LOS ANGELES COMMUNITY COLLEGE DISTRICT
HUMAN RESOURCES DIVISION
770 WILSHIRE BOULEVARD
LOS ANGELES, CALIFORNIA 90017

SABBATICAL LEAVE REQUEST

(Submit one complete set to your College President or Vice Chancellor
for forwarding to the Office of Personnel Operations)
(Please provide a copy to your Vice President of Academic Affairs or Student Services)

- Applicant must have rendered certificated service for at least six consecutive two-semester periods, or seven for administrators
- Employee must render service in the District after returning from a sabbatical leave which is equal to twice the period of the leave
- If bonded, will receive half pay
- Must be tenured monthly rate employee

Please type or print legibly

Last Name	First	Middle	Employee Number
Home Address	City	Zip Code	Home Telephone
College or District Office		Office Telephone Ext.	Position/Subject Field

Check the box that applies.

☐ Load Banking ☐ I will be taking a Sabbatical leave only

EMPLOYMENT DATA WHILE ON LEAVE

(Complete this section if you will receive any salary from an outside employer while on leave)

1. Employer _____
2. Address _____
3. Hours: From _____ a.m. to _____ p.m.
4. Days: M T W Th F S
5. Monthly Income $ _____
6. Job Description: _____

_____

_____

_____

LEAVE DATA

1. Number of semesters requested (1,2) _____
2. Beginning month _____ Year _____
3. Ending month _____ Year _____
4. Indicate type of leave activity, and attach appropriate plan.

   _____ Study: Form C147
   _____ Travel: Form C148
   _____ Independent Study: Form C149

5. Check, if applicable:

   _____ 2nd half of "split sabbatical. (Must be taken so that second half is completed within a 3 year period)
   _____ Extension of current sabbatical leave.

1. Applicant's Signature _____ Date _____
2. President's Acknowledgment _____ Date _____
3. Committee's Approval _____ Date _____

For fall semester, submit your request by February 28; for spring semester, submit your request by September 30.