

**SOUTHERN WEST VIRGINIA COMMUNITY AND TECHNICAL COLLEGE
BOARD OF GOVERNORS
SCP-2810.B**

**SABBATICAL LEAVE
PROMISSORY NOTE and MEMORANDUM OF UNDERSTANDING**

My signature below indicates that I have read and agree to all conditions, provisions, and requirements of SCP-2810, *Sabbatical Leave for Full-time Faculty and Instructional Specialists*.

I agree to return to the full time service of the College and work therein for a period of one year. If I fail to return to work for a period of one year, I agree to re-pay Southern West Virginia Community and Technical College an amount equal to the amount of salary and benefits paid me during the sabbatical leave period.

I understand that my position, status and rank shall not be adversely affected by my absence due to the sabbatical leave, and that I will receive any pay raises or other benefits that would have been afforded me had I not been on sabbatical leave.

I understand that the length of sabbatical governs the amount of pay I receive. The length of my sabbatical and requisite amount of compensation I will receive is:

- One semester sabbatical leave paid at my regular base salary for the semester.
- One academic year of sabbatical leave paid at one half my annual base salary.

I understand and agree that the final agreed upon proposal, as approved by the President, is my assignment for the period of sabbatical leave and that the proposal may not be modified without the written consent of the President or his/her designee.

I agree to provide a detailed report of my activities and accomplishments to the Chief Academic Officer within 30 days of my return to work.

I agree and understand that I may not accept remunerative employment without the written consent of the President or his/her designated representative.

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|--------------|-----------|------|
| Printed Name | Signature | Date |
|--------------|-----------|------|

STATE OF WEST VIRGINIA, COUNTY OF _____, to-wit:

The foregoing instrument was acknowledged before me this ____ day of _____ 20____, by

My commission expires: _____

NOTARY PUBLIC

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| Chief Academic Officer's Signature | Date |
|------------------------------------|------|

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|-----------------------|------|
| President's Signature | Date |
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