

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

SABBATICAL LEAVE REQUEST

1. Name: _____
2. Dates of continuous full-time employment as a faculty member:
From: _____ To: _____ Total years _____
3. Dates of last sabbatical leave:
From: _____ To: _____
4. Dates requested for sabbatical leave:
From: _____ To: _____

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*. I agree to file a written report with the Chief Academic Officer/Provost of my activities and accomplishments during the sabbatical leave within 30 days of my return to work.

Attachments:

___ Proposal
___ Current Vitae

Per attached letter, I recommend
approval of this leave. ___ Yes ___ No

Faculty Member's Signature

Date

Per attached letter, I recommend
approval of this leave. ___ Yes ___ No

Academic Dean's Signature

Date

Chief Academic Officer/Provost's Signature

Date

___ Approved ___ Denied

President's Signature

Date