

**RIVERSIDE COMMUNITY COLLEGE DISTRICT  
SABBATICAL LEAVE REQUEST SIGN OFF**

**This form must accompany the Sabbatical Leave Proposal**

Faculty Member's Name \_\_\_\_\_

Department/Discipline/College \_\_\_\_\_

Date of submission to Professional Growth and Sabbatical Leave Committee \_\_\_\_\_

**DEPARTMENT CHAIR** *(This signature must be obtained prior to submission to Office of the Vice President)*

Concur: \_\_\_\_\_ Signature \_\_\_\_\_

Do Not Concur: \_\_\_\_\_ Date: \_\_\_\_\_

**COLLEGE VICE PRESIDENT, ACADEMIC AFFAIRS**

Concur: \_\_\_\_\_ Signature \_\_\_\_\_

Do Not Concur: \_\_\_\_\_ Date: \_\_\_\_\_

**PROFESSIONAL GROWTH AND SABBATICAL LEAVE COMMITTEE:**

Concur: \_\_\_\_\_ Signature \_\_\_\_\_

Do Not Concur: \_\_\_\_\_ Date: \_\_\_\_\_

**COLLEGE PRESIDENT**

Concur: \_\_\_\_\_ Signature \_\_\_\_\_

Do Not Concur: \_\_\_\_\_ Date: \_\_\_\_\_

**CHANCELLOR**

Review: \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_