

Human Resources Eligibility Form

Name of Applicant: _____ **Department:** _____

A. Date employed with Santa Barbara City College or its predecessor, Santa Barbara City Schools: _____

B. Years of service (at time of proposed leave) as a full-time contractual or equivalent employee of the District as an instructor, counselor, librarian or nurse: _____

C. Years of service (at time of proposed leave) as a full-time, contractual or equivalent administrative employee of the District: (Two years of this service can be counted toward sabbatical leave eligibility.) _____

D. Has there been a break in your service at SBCC? (Mark with an "X") If yes, please give the dates and nature of break:

Yes _____ No _____

E. Dates of previous sabbatical leave(s) if applicable:

This is to verify that applicant has the equivalency of at least six full-time, consecutive years of service at Santa Barbara City College immediately preceding date of sabbatical leave application:

HUMAN RESOURCES DIRECTOR
SIGNATURE (or designee)

DATE