

**Montana Coalition Against Domestic and Sexual Violence
Sabbatical Request Form**

Please complete this form and submit it to the Executive Director if you are requesting sabbatical leave. Requests must be submitted at least **6 months** prior to the requested leave. Employees requesting sabbatical leave will receive a decision within 2 months of making the formal request. All sabbatical decisions are ultimately made by the MCADSV Board of Directors.

This form should be signed by both the employee and the supervisor, and accompanied by a memo from the supervisor and employee recommending the sabbatical and outlining a plan for coverage of the work. The memo should also include information about the plans for study and/or activity during the sabbatical and indications of the ways in which the study and/or activity will benefit the Coalition after the employee's return.

For any questions or to discuss any of these issues in advance of making this request, please contact the Executive Director.

Employee: _____

Employee Hire Date: _____

Supervisor: _____

Completed 7 consecutive years of employment with MCADSV? Yes No

Date of Last Sabbatical: _____ Not Applicable

Proposed Dates of Sabbatical: _____

Plan for Coverage of Work:

Attach a memo from you and your supervisor detailing how the work will be covered during sabbatical leave.

Plan for Study/Activity:

Attach a memo detailing the plan for study and/or activity and the benefit to MCADSV.

Date of Request: _____

Employee Signature

Date

Supervisor Signature

Date