Letter of Indemnification for Sabbatical Leave

This Letter of Indemnification is presented to the Santa Barbara Community College District with the specific understanding that _____, as Principal, is held and firmly bound unto the Santa Barbara Community College District, as obligee, in the sum equal to be paid the Principal on sabbatical leave for which sum s/he binds him/herself, his/her heirs, executors, administrators, successors, and assigns, jointly and severally by this Letter of Indemnification.

The condition of the above is such that:

WHEREAS, the Principal is regularly employed by the Santa Barbara Community College District of the County of Santa Barbara, State of California, in a position requiring certification qualifications; and

WHEREAS, the Principal will be on sabbatical leave of absence from said school district during the _____ semester(s) 20____ - ____ college year pursuant to the provisions of Sections 87767-87770, inclusive, of the California Education Code and the applicable provisions of the Personnel Policies of the aforesaid District; and

WHEREAS, the Principal will be paid as compensation during said college year a portion of the salary s/he would have been paid had s/he not been on sabbatical leave, said compensation to be paid the Principal in the same manner as if the employee were teaching in the school district.

NOW, THEREFORE, if said Principal is so paid while on leave of absence as herein above stated, and if said Principal well and truly renders _____ year(s) of full-time service in the employ of the Santa Barbara Community College District immediately following his/her return from the leave of absence, then this obligation shall be void; otherwise, this obligation shall remain in full force and effect.

This Letter of Indemnification shall be exonerated in the event the failure of the Principal to return and render _____ year(s) of service is caused by the death or physical or mental disability of the employee.

Signed this _____ day of _____, 20_____.

_____

PRINCIPAL SIGNATURE

_____

WITNESS SIGNATURE

Distribution by Academic Senate Office: Original to Human Resources, Copy to Applicant

NOTE: Please hand original to Academic Senate Secretary, she will forward it to Human Resources when appropriate. (Use copies in your application)