

Send this FRC Form with copies of your Abstract and Summary of Proposed Outcomes to the FRC for signature
Faculty Resource Center Sabbatical Leave Proposal Checklist

NAME (Please print) _____

TITLE OF PROPOSAL _____

1. This request will, with respect to support, development time, and related expenses:
- ☐ Have no impact on the Faculty Resource Center.
 - ☐ Have some impact on the Faculty Resource Center.
 - ☐ Demand a significant amount of work and/or resources from the Faculty Resource Center.
 - ☐ Require a great deal of support and/or resources from the Faculty Resource Center.

Comments:

2. The Faculty Resource Center:
- ☐ Can fully support this request.
 - ☐ Can support this request in part.
 - ☐ Cannot support this request.

Comments:

3. The Faculty Resource Center Staff:
- ☐ See no additional technology- or support-related costs involved in this request.
 - ☐ See some additional technology- or support-related costs involved in this request.
 - ☐ See considerable additional technology- or support-related costs involved in this request.

Comments:

4. Students with Disabilities

The applicant agrees that any technology materials developed will comply with the Americans with Disabilities Act, Section 504 and 508 of the Rehabilitation Act, the California Community Colleges Title V Regulations, and policies and procedures adopted by the Board of Trustees of Santa Barbara City College. You Must Contact: Laurie Vasquez, Assistive Technology Specialist - FRC ext. 2734 ; e-mail Vasquez@sbcc.edu to set up an appointment to review accessibility compliance.

Comments:

Applicant's initials _____

5. The Faculty Resource Center recommends that this proposal be further reviewed by:
- ☐ IRD
 - ☐ LSS
- or**
- ☐ Needs no further review.

6. Other Comments:

Faculty Resource Center Signature _____ Date _____

District ADA/504/508 Compliance Coordinator Signature _____ Date _____