



APPLICATION FOR SABBATICAL LEAVE
(for members of the MUNFA Bargaining Unit)

Applicant Information
Name: Rank: Department:
Date of Appointment: Tenured: Yes No
Will this be your first Sabbatical Leave Yes No
Start Date of Last Sabbatical: End Date of Last Sabbatical:
Sabbatical Information
Requested:
Twelve-month sabbatical Four-month sabbatical
Start Date of Sabbatical: End Date of Sabbatical:
Research Grant Yes No (If Yes, attach a detailed listing of the proposed expenditures.)
Do you wish to liquidate all carry-over eligibility and receive a higher percentage of salary (see Clause 22.16)? Please specify: Yes No
Note: While on a one-year sabbatical, the full vacation entitlement for that year will be deemed to have been taken. See Clause 22.08)
Documentation Required
Please attach the following:
1. Documentation which indicates the location and outlines the scope and aims of your proposed sabbatical activity.
2. An up-to-date curriculum vitae clearly indicating academic performance since the last sabbatical, if applicable (see Clause 22.21).
3. A copy of your report on your last sabbatical (where applicable).
4. A list of honours and graduate students under your supervision and a specific plan for continuing supervision (including, e.g., the method and frequency of communication, a timeline for the student's progress, the name of a person on campus who has agreed to oversee the students' progress during your absence) and a statement confirming you have discussed the plans and expectations with each student.
Signature of Applicant day month year
Forward the completed form to your Department Head (if applicable) or Dean/Director/Librarian. He or she will complete the second page.

Recommendation for Sabbatical Leave

Please provide a one sentence summary of the scope and aims of the sabbatical.

Indicate where the leave will be spent and why this is an appropriate location.

Comment in a sentence on the usefulness of the goals of the sabbatical to those of the unit and the University.

Confirm that this leave, if granted, is consistent with the operational requirements of the academic unit.

Faculty Relations Verification

Sabbatical Eligibility: Eligible Yes No

Salary Percentage:

Verified by:

Approvals

Confirm that you have:

- 1. A copy of the report of the last sabbatical, if applicable.
- 2. An up-to-date CV clearly indicating academic performance since the last sabbatical, if any.
- 3. A statement of the scope and aims of the proposed sabbatical.

Recommended

Yes No

Department Head

_____/_____/_____
day month year

Yes No

Dean/Director/University Librarian/

_____/_____/_____
day month year

Yes No

Vice-President (Academic)

_____/_____/_____
day month year