

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

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:/ day month year			
Sabbatical Information			
Requested:			
Twelve-month sabbatical Four-month sabbatical			
tart Date of Sabbatical:/ End Date of Sabbatical:/ day month year			
day month year			
Research Grant Yes No (If Yes, attach a detailed listing of the proposed expenditures.)			
(5% of the basic University salary – Clause 21.18 in the Collective Agreement)			
Do you wish to liquidate all carry-over eligibility and receive a higher percentage of salary (see Clause 21.17)? 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 21.08)			
Documentation Required			
Please attach the following:			
Documentation which indicates the location and outlines the scope and aims of your proposed sabbatical			
activity.			
An up-to-date curriculum vitae clearly indicating academic performance since the last sabbatical, if applicable			
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(see Clause 21.21).			
(see Clause 21.21). 3. A copy of your report on your last sabbatical (where applicable).			
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Recommendation for Sabbatical Leave			
Please provide a one sentence sum	mary of the scope and aims of the sabbatic	al.	
Indicate where the leave will be sper	nt and why this is an appropriate location.		
Comment in a sentence on the useful	ulness of the goals of the sabbatical to those	e of the unit and the University.	
Confirm that this leave, if granted, is	consistent with the operational requiremen	s of the academic unit.	
Faculty Relations Verification			
Sabbatical Eligibility: Eligible Ye	s No. Salary Percentage:	Verified by:	
g : , g : :			
Approvals			
Confirm that you have:			
 A copy of the report of the la An up-to-date CV clearly ind 	ast sabbatical, if applicable. licating academic performance since the las	t sabbatical, if any.	
3. A statement of the scope an	nd aims of the proposed sabbatical.		
Recommended			
	rtment Head	// day month year	
		, ,	
Yes No Dear	n/Director/	// day month year	
		, ,	
Yes No No			
Vice-F	President (Academic)	day month year	