

APPLICATION FOR SABBATICAL LEAVE (for non-MUNFA members - Clinical Faculty)

Applicant Information						
Name:	Rank:			Discipline:		
Date of Appointment:	Tenured:		Yes	No		
Will this be your first Sabbatical Leave Yes	No					
Start Date of Last Sabbatical://///	_ Enc	Date of	f Last Sabba	tical:/// 		
Sabbatical Information						
Requested:				Other: Four-month blocks		
Twelve-month sabbatical Four-month sabb	oatical					
Start Date of Sabbatical://		nd Dat	e of Sabbatio	cal:// day month year		
Note: While on a twelve-month sabbatical leave, the full vacation entitlement for that year will be deemed to have been taken. For leaves of less than twelve months, vacation entitlement will be pro-rated.						
Do you wish to liquidate all carry-over eligibility and receive a higher percentage of salary? Please specify:						
Yes No						
As per the Sabbatical Leave Policy - Clinical Faculty, you have discussed the plan for your sabbatical leave with your Discipline Chair.						
Documentation Required						
Please attach the following:						
 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.						
3. A copy of your report on your last sabbatical (where applicable).						
4. Documentation indicating the arrangements that have been made for any honours or graduate students						
currently under your supervision should your application be approved.						
Signature of Applicant	// day m	/ onth	year			
Forward the completed form to your Discipline Chair, who will complete the second page of this form.						

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.						
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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 grant	ted, is consistent with the operational requirements	of the ac	cademic unit.			
Faculty Relations Verification						
Sabbatical Eligibility: Eligible	_ Yes		Verified by:			
Approvals						
Confirm that you have:						
1. A copy of the report of the last sabbatical, if applicable.						
 An up-to-date CV clearly indicating academic performance since the last sabbatical, if any. A statement of the scope and aims of the proposed sabbatical. 						
Recommended		,				
Yes No	Discipline Chair	/ day	/ month year			
Yes No	Dean	/	/			
	Dean	day	month year			
Yes No	Vice-President (Academic)	/ day	/ month year			