



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

Applicant Information

Name:	Rank:	Discipline:
Date of Appointment:	Tenured: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will this be your first Sabbatical Leave <input type="checkbox"/> Yes <input type="checkbox"/> No		
Start Date of Last Sabbatical: ___/___/___ day month year	End Date of Last Sabbatical: ___/___/___ day month year	

Sabbatical Information

Requested:	Other: Four-month blocks
Twelve-month sabbatical <input type="checkbox"/> Four-month sabbatical <input type="checkbox"/>	_____ _____ _____
Start Date of Sabbatical: ___/___/___ day month year	End Date of Sabbatical: ___/___/___ 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:
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.
 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 month year

Forward the completed form to your Discipline Chair, who will complete the second page of this form.

