



APPLICATION FOR SABBATICAL LEAVE
(Not for members of the MUNFA Bargaining Unit)

Applicant Information

Name:	Rank:	Department:
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:
 Twelve-month sabbatical Four-month sabbatical

Start Date of Sabbatical: ____/____/____ day month year	End Date of Sabbatical: ____/____/____ day month year
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Research Grant Yes No (If Yes, attach a detailed listing of the proposed expenditures.)
 (5% of the basic University salary – Clause 22.17 in the Collective Agreement)

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. 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 Department Head (if applicable) or Dean/Director/Principal/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/Principal day month year

Yes No

_____ / /
Vice-President (Academic) day month year