

APPLICATION FOR SABBATICAL LEAVE
(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: _____/_____/_____	End Date of Last Sabbatical: _____/_____/_____	
day month year	day month year	
Sabbatical Information		
Requested:		
Twelve-month sabbatical <input type="checkbox"/> Four-month sabbatical <input type="checkbox"/>		
Start Date of Sabbatical: _____/_____/_____	End Date of Sabbatical: _____/_____/_____	
day month year	day month year	
Research Grant <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<u>Note:</u> 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:		
<ol style="list-style-type: none"> 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 Dean. 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

Dean

_____/_____/_____
day month year

Yes No

Vice-President (Grenfell Campus)

_____/_____/_____
day month year