



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

<b>Applicant Information</b>			
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:    ___/___/___ <span style="font-size: small;">  day    month    year</span>		End Date of Last Sabbatical:    ___/___/___ <span style="font-size: small;">  day    month    year</span>	
<b>Sabbatical Information</b>			
Requested: Twelve-month sabbatical <input type="checkbox"/> Four-month sabbatical <input type="checkbox"/>			
Start Date of Sabbatical:    ___/___/___ <span style="font-size: small;">  day    month    year</span>		End Date of Sabbatical:    ___/___/___ <span style="font-size: small;">  day    month    year</span>	
Research Grant <input type="checkbox"/> Yes <input type="checkbox"/> No        (If Yes, attach a detailed listing of the proposed expenditures.) <small>(5% of the basic University salary – Clause 22.17 in the Collective Agreement)</small>			
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)			
<b>Documentation Required</b>			
Please attach the following:			
<ol style="list-style-type: none"> <li>1. Documentation which indicates the location and outlines the scope and aims of your proposed sabbatical activity.</li> <li>2. An up-to-date curriculum vitae clearly indicating academic performance since the last sabbatical, if applicable (see Clause 22.21).</li> <li>3. A copy of your report on your last sabbatical (where applicable).</li> <li>4. Documentation indicating the arrangements that have been made for any honours or graduate students currently under your supervision should your application be approved.</li> </ol>			
_____ Signature of Applicant			___/___/___ day    month    year
<b>Forward the completed form to your Department Head (if applicable) or Dean/Director/Principal/Librarian. He or she will complete the second page.</b>			

**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