McGill

Sabbatic Leave Application

Select a Department/School

Applicant LAST NAME/First Name and Department

GENERAL INFORMATION

PART 1: Applicant's Submission:

To be completed by the applicant after consulting the ***Regulations on Sabbatic Leaves for Tenure-Track and Tenured Academic Staff*** *on the Secretariat's website, and submitted (by email) to the Chair(s):*

- Application form
- Append any Enclosures to the email on submission

NOTE: Please sign this application, preferably with an electronic signature, and forward the electronically fillable version to your Chair(s).

PART 2: Confidential Recommendations:

- Section 1: Chair's/Director's Recommendation
  To be submitted to the Dean(s), along with the Applicant's Submission.
- Section 2: Dean's Recommendation
  To be submitted to the Provost & Vice-Principal (Academic), along with the Applicant's Submission and the Chair's recommendation.

Important Deadlines. Please note that these dates apply to the academic year PRIOR to the proposed leave.

➢ **October 1st**	Latest date for staff member to forward application to Departmental Chair(s) (or Dean in Faculties without departments).
➢ **October 20th**	Latest date for Chair(s) to forward application and recommendation to Dean.
➢ **November 15th**	Latest date for Dean(s) to forward application and recommendation to Provost & Vice-Principal (Academic).
➢ **January 15th**	Latest date for Provost & Vice-Principal (Academic) to notify applicant if tending towards a negative decision.
➢ **January 31st**	Latest date for Provost & Vice-Principal (Academic) to notify the applicant of the final decision.

Part 1: APPLICATION FORM

1 **NAME :** _____ **McGILL ID #** _____

2 **RANK :** Select a Rank **Joint Appointment?** ☐ Yes ☐ No

3 **FACULTY:** Select a Faculty

FACULTY 2: This is not a Joint Appointment
(For Joint Appointments)

4 **DEPARTMENT:** Select a Department/School

DEPARTMENT 2: This is not a Joint Appointment
(For Joint Appointments)

5 **CAMPUS ADDRESS :** Building Name & Address: _____

Room Number: _____ Tel No.: _____

McGill Email: _____

6 **SERVICE CREDIT:**

a) McGill University:
(since last Sabbatic Leave, where appropriate)

Rank(s)	***Number of years in rank***	***From - To*** *MMM-YYYY-MMM-YYYY*
		-
		-
		-
		-

b) Other Universities:
(Only for first-time applicants)

Rank(s) *(List only tenure-track appointments)*	***Number of years in rank***	***From - To*** *MMM-YYYY-MMM-YYYY*
		-
		-
		-
		-

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c) Indicate all leaves taken while at McGill in the last 7 years

(include disability leaves, maternity, adoption and parental leaves, leaves of absence including secondments, and administrative, professional development and or sabbatic leave; do not include annual vacation)

☐ I have taken no leaves during this period

Nature of Leave	***From - To*** *MMM-YYYY- MMM-YYYY*
	-
	-
	-
	-
	-

7 PERIOD FOR WHICH SABBATIC LEAVE IS REQUESTED :

Twelve-month Sabbatic Leaves normally begin on September 1st or January 1st.
Six-month segments normally begin either on January 1st or July 1st.

I am applying for:

(A) ☐ **one (1) twelve (12) month leave**

FROM : _____ DD-MMM-YYYY **TO :** _____ DD-MMM-YYYY

(B) ☐ **two (2) six (6) month leaves**

FROM : _____ DD-MMM-YYYY **TO :** _____ DD-MMM-YYYY

FROM : _____ DD-MMM-YYYY **TO :** _____ DD-MMM-YYYY

(C) ☐ **one (1) six (6) month leave**

FROM : _____ DD-MMM-YYYY **TO :** _____ DD-MMM-YYYY

8 LOCATION WHERE LEAVE IS TO BE SPENT

☐ **I will spend all my leave at McGill:**

☐ **I will spend some or all of my leave elsewhere, as follows:**

LOCATION 1

a) Name of institution where leave is to be spent _____

b) Where is this located? City _____ Country _____

c) Why is the leave to be spent in this location? _____

d) Full Dates _____

LOCATION 2

a) Name of institution where leave is to be spent _____

b) Where is this located? City _____ Country _____

c) Why is the leave to be spent in this location? _____

d) Full Dates _____

Location 3 on next page

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LOCATION 3

a) Name of institution where leave is to be spent

b) Where is this located?

City

Country

c) Why is the leave to be spent in this location?

d) Full Dates

9 **WILL YOU BE TEACHING DURING YOUR LEAVE (OTHER THAN OCCASIONAL LECTURES, SEMINARS, ETC.)?**

Provide full details and justifications for engaging in teaching.

☐ Yes:

☐ No

10 **WILL YOU BE ENGAGED IN ADMINISTRATIVE TASKS DURING YOUR LEAVE?**

Provide full details and justifications for engaging in administrative duties.

☐ Yes:

☐ No

11 **WILL YOU BE RECEIVING ANY FORM OF REMUNERATION FROM THIRD PARTIES DURING YOUR LEAVE?**

Please provide full details.

☐ Yes:

☐ No

12 **GRADUATE STUDENTS and POSTDOCS**

a) List names of graduate students and postdocs you are presently supervising.

Name	***Level***	***Expected Year of Completion***

b) Describe the provisions you will make for the supervision of your graduate students and postdocs during your leave.

☐ I have discussed the proposed leave and plans for supervision with my graduate students and postdocs.

13 **LIST OF COURSES YOU TEACH**

Course Number	***Course Title***

14 BRIEFLY DESCRIBE YOUR SABBATIC PLAN, ADDRESSING THE FOLLOWING.

Append additional page(s), if necessary, as a separate document sent to your Chair(s). List the document in the enclosures section on the next page. If you are using a full version of Adobe Acrobat, please create a "Portfolio" housing all relevant documents.

(i) the academic goals or objectives of the work planned for the sabbatic leave;

(ii) the significance and relevance to the Staff Member's academic duties, his or her academic unit, and/or the University;

(iii) the anticipated outcomes of the proposed sabbatic leave.

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15 DECLARATION

I have reviewed the ***Regulations on Sabbatic Leaves for Tenure-Track and Tenured Academic Staff*** found on the Secretariat's website at *https://www.mcgill.ca/secretariat/policies-and-regulations*

Employment:
I understand that I may not hold employment with another employer during the period of my sabbatic leave.

Remuneration:
I will fully disclose to my Chair, Dean, and the Provost & Vice-Principal (Academic), all remuneration (such as honoraria, professional fees, cost of living allowances, fellowships, research stipends) expected or received during the period of my sabbatic leave.

Post-Sabbatic Service to McGill University:
I will return to McGill University following the end of the sabbatic leave, and will serve for a period commensurate to the length of my leave, failing which, I will reimburse the University for such salary and benefits received during my leave.

Report on the Sabbatical:
I will submit a written report of my sabbatic leave to the Provost & Vice-Principal (Academic), with a copy to my Chair and Dean, no later than six (6) months after my return.

Changes to Sabbatical:
I will disclose any changes to my sabbatic plans, and will seek prior written approval from my Chair, Dean and the Provost & Vice-Principal (Academic).

I declare that the information I have given is accurate and complete, and I understand and accept the conditions of this sabbatic leave.

Electronic Signature of the APPLICANT ***Date***

In the event that an electronic signature is not available, please print this page, sign it and append a scanned version to your application.

ENCLOSURES

Enclosures must be appended as separate documents to the email sent by the Applicant to the Chair/Director with this completed form. ***Note this form does not allow documents to be added/removed from the form.***

- ☐ **Current Curriculum Vitae (including publications)**
- ☐ **Book outline, letter of offer from publisher**, if applicable
- ☐ **Letters of invitation from institutions** you are planning to visit, including terms of your association with these institutions.
- ☐ **Report of previous Sabbatic Leave (if not previously submitted)**
- ☐ **Other Relevant Document(s)**

_____

_____

_____

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PART 2: CONFIDENTIAL RECOMMENDATION

Section 1: Chair's/Director/*Dean's Recommendation

In the case of joint appointments, each Chair/Director/*Dean (small faculties) must submit a separate copy of this form.

NOTE: Please sign this application, preferably with an electronic signature, and forward the electronically fillable version to your Dean.

a) Has the applicant satisfactorily discharged his or her academic duties over the past six (6) years? ☐ Yes ☐ No
If, no, please explain.

b) How will this Sabbatic Leave benefit the applicant?

c) What are the implications of this Sabbatic Leave, positive and/or negative, for the academic unit?

d) Unit's plans for teaching of applicant's courses. (Please enumerate by course.)

Course Title/Number	***Arrangement***

e) Will other academic staff members be on leave during the same period? ☐ Yes ☐ No
If, yes, please indicate names, the nature of their leaves and their general area of specialization.

f) Are the applicant's plans for his/her graduate students and postdocs acceptable? ☐ Yes ☐ No
If not, what other arrangements will be made?

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CHAIR/DIRECTOR/*DEAN'S COMMENTS:

RECOMMENDATION ☐ POSITIVE ☐ NEGATIVE

Electronic Signature of Chair/Director/*Dean

In the event that an electronic signature is not available, please print this page, sign it and append a scanned version to the application.

Name *(BLOCK letters, if not using an e-signature)*

DATE *(add if not using an e-signature)*

***Deans of small faculites -- PART 2, SECTION 1 finalizes this staff member's application.**

You may now submit the completed application to the Office of the Provost & Vice-Principal (Academic).

Deans of faculites with departments must complete PART 2, SECTION 2.

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PART 2: CONFIDENTIAL RECOMMENDATION

Section 2: Dean's Recommendation

In the case of joint appointments, each Dean (faculties with departments) must submit a separate copy of this form.

NOTE: Please sign this application, preferably with an electronic signature, and forward the the electronically fillable version to academic.personnel@mcgill.ca.

a) Has the applicant satisfactorily discharged his or her academic duties over the past six (6) years? ☐ Yes ☐ No
If, no, please comment.

b) Are you satisfied with the arrangements to address the absence of the staff member? ☐ Yes ☐ No
If, no, please comment.

c) Indicate your degree of support for this application, with reasons.

DEAN'S COMMENTS:

RECOMMENDATION ☐ POSITIVE ☐ NEGATIVE

Electronic Signature of the Dean

In the event that an electronic signature is not available, please print this page, sign it and append a scanned version to the application.

Name *(BLOCK letters, if not using an e-signature)*

DATE *(add if not using an e-signature)*