WESTERN UNIVERSITY

SABBATICAL APPLICATION AND APPROVAL FORM

(for leaves starting July 1, 2027 or January 1, 2028)

Reset Form

Deadline for filing applications:
Office of the Dean - September 14, 2026

Print Form

Surname: | First Name/Initial:

Western ID Number:

Department: | Faculty:

Current Rank: | Anticipated Rank: *(at time of Sabbatical)*

MEMBER'S ELIGIBILITY QUESTIONNAIRE FOR SABBATICAL APPLICATION

PLEASE CHOOSE *ONE* OF THE FOLLOWING ELIGIBILITY STATEMENTS:

- ◯ I have Tenure or Continuing Status (Teaching Scholar) and will not be serving as a Department Chair or Director of a School during the proposed Sabbatical Period.
- ◯ I am being considered for Tenure or Continuing Status (Teaching Scholar).
- ◯ I am a Limited-Term Appointee (*Sabbatical Leave,* Clause 2) at the Associate Professor or Professor rank with at least 6 years continuous service with a Research/Scholarship Activities Workload component at 40% or greater. (Provide your Research/Scholarship Activities Workload Percentage for each of the six years prior to the proposed sabbatical in the table below.)
- ◯ None of the above - ***You are not eligible for a Sabbatical Leave at this time***

If Limited-Term Appointee selected above, please complete the Research/Scholarship Activities Workload Percentages:

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6

PLEASE CHOOSE *ONE* OF THE FOLLOWING ELIGIBILITY STATEMENTS:
I am requesting my Sabbatical:

- ◯ After at least 6 years of continuous service since my hire or since my last Sabbatical at Western. (Clauses 4.1, 4.3)
- ◯ Less than 6 years - applying eligibility credit from a previously deferred Sabbatical leave for operational reasons (Clause 14) or a deferred Sabbatical leave due to COVID to satisfy eligibility requirements. Attached is a copy of my deferred Sabbatical leave.
- ◯ Less than 6 years but applying Sabbatical eligibility credit from a previous position at another University. Attached is my letter of appointment evidencing eligibility credit. (Clause 7)
- ◯ Less than 6 years as a Member who has been appointed directly from a Limited-term appointment. Attached is my letter of appointment evidencing eligibility credit. (Clause 7, 7.1)
- ◯ After 3 years of Tenured or Continuing Status (Teaching Scholar) service since my last Sabbatical (**eligibility limited to a 6 month Sabbatical)**. (Clause 4)
- ◯ After 3 years as a Probationary Member who is being considered for Tenure or a Member holding a Continuing Appointment on the Teaching Scholar track (**eligibility limited to a 6 month Sabbatical**). (Clause 4.1)
- ◯ None of these apply. ***You are not eligible for a Sabbatical Leave at this time.***

TERM OF SABBATICAL LEAVE AND RATE OF PAY

PLEASE CHOOSE *ONE* OF THE FOLLOWING LEAVE TERMS:

I am requesting my Sabbatical for:

◯ 12 months effective July 1, 2027	Start Date: 2027-07-01	End Date: 2028-06-30
◯ 6 months effective July 1, 2027	Start Date: 2027-07-01	End Date: 2027-12-31
◯ 12 months effective January 1, 2028	Start Date: 2028-01-01	End Date: 2028-12-31
◯ 6 months effective January 1, 2028	Start Date: 2028-01-01	End Date: 2028-06-30

Please select the scenario that applies to you. This will determine your sabbatical salary rate, as outlined in Clause 8 of the Sabbatical Leave article: "*All sabbatical leaves shall be for either six or twelve months at 85% of salary, except the first Sabbatical Leave after the probationary period at the University of Western Ontario, which shall be at 90% of salary.***"**

◯ I have completed my probationary period ***at Western*** and this is my first Sabbatical Leave (Salary: 90%)

◯ I was appointed to Western with Tenure or Continuing Status (Teaching Scholar) and this is my first Sabbatical Leave at Western (Salary: 85%)

◯ I have previously completed a Sabbatical Leave at Western (Salary: 85%)

PREVIOUS LEAVES AND OTHER ARRANGEMENTS

(Clauses 1, 5, 6 and 12 f) of the *Sabbatical Leave* Article.

PLEASE SELECT AN ANSWER THE FOLLOWING QUESTIONS:

1. With the exception of Compassionate, Court, Pregnancy, Parental, Adoption, and Sick leaves:

a) Have you completed two years of full-time continuous service in the two years immediately preceding the period of requested Leave?

- ◯ No - ***you are not eligible for a Sabbatical Leave at this time.***
- ◯ Yes

b) Including the sabbatical leave you have applied for, will you have been on leave for greater than 24 months in the past 7 years?

- ◯ No
- ◯ Yes - I am attaching a modification request to this/these restriction(s) with Dean recommendation and Provost approval. If there is no approved modification, ***you are not eligible for a Sabbatical Leave at this time***.

2. With the exception of Compassionate, Court, Pregnancy, Parental, Adoption, and Sick Leaves, have you had Leaves which have exceeded 3 months in any one calendar year during the years you are counting for eligibility for sabbatical leave? (Clause 5)

- ◯ No
- ◯ Yes - Excluding those Leave periods from my eligibility period, I still have the required number of years of continuous service or a previous agreement which applies (Clause 5). If you do not have the required years, **you are not eligible for a Sabbatical at this time.**

3. Are you applying agreements made under Reduced Workload or Alternative Workload Articles, as applicable, to satisfy eligibility requirements? (Clause 6)

- ◯ No
- ◯ Yes - I am attaching a modification request to this/these restriction(s) with Dean recommendation and Provost approval. If there is no approved modification, ***you are not eligible for a Sabbatical Leave at this time***.

OBLIGATIONS AND REMUNERATION

PLEASE SELECT AN ANSWER TO THE FOLLOWING QUESTIONS

1. With the exception of activities pertinent to your obligations as a supervisor or chief advisor of graduate students, do you acknowledge your Workload while on Sabbatical Leave will consist exclusively of activities defined by your Academic Responsibilities in the area of Research/Scholarship Activities (Clause 3)?

◯ No - ***you are not eligible for a Sabbatical Leave at this time***

◯ Yes

2. Do you acknowledge that you will be undertaking a full-time commitment to Research/Scholarship Activities, and will not accept paid employment that conflicts with this commitment; and that your total employment income during your requested Sabbatical Leave will not exceed 125% of normal salary without prior approval of the Provost. (Clause 11)

◯ No - ***you are not eligible for a Sabbatical Leave at this time***

◯ Yes - Please note: If exceeding 125%, a copy of the Provost's approval must be attached.

3. Is remuneration from sources other than Western expected during the period of intended leave (e.g. consulting, performing, professional, or other services to another employer, etc.)?

◯ No

◯ Yes

If yes, please provide the particulars below:

4. Do you have a Reduced Workload Arrangement in place during the term of your proposed Sabbatical Leave?

◯ No

◯ Yes - Please note: Your salary and benefits will be prorated to reflect the arrangement. (*Reduced Workload*, Clause 8)

Information for setting some salary aside for Sabbatical Moving Expense Reimbursement and/or Research or Scholarship Activities expenses (Clause 16) is available at https://www.uwo.ca/facultyrelations/faculty_relations/index.html .

CONDITIONS FOR PERFORMANCE EVALUATION

(Clauses 20, 20.1, and 21 of the *Sabbatical Leave* Article)

Workload Balance: Clause 20 of the Sabbatical Leave Article states: "A Member on Sabbatical Leave shall be deemed to have an Alternative Workload of 10% Teaching, 90% Research or Scholarship Activities and no Service. You may opt for an alternate Workload balance under Clause 20.1 for the purposes of the Performance Evaluation related to your Sabbatical year.

This election must be made now and cannot be altered after the Sabbatical year.

For the purpose of the Performance Evaluation only, I direct that this Sabbatical Leave (if approved) be assessed as:

PLEASE SELECT *ONE* OF THE FOLLOWING OPTIONS:

- ◯ The deemed Alternative Workload of 90% Research/ Scholarship Activities, 10% Graduate Teaching (Clause 20)
- ◯ Other Workload Balance proposal below (Clause 20.1). Attached is a rationale for this other workload balance.

Teaching % (includes graduate supervision)	Research / Scholarship Activities %	Service %

PE Assessment: Persons on Sabbatical Leave are not required to submit a Performance Report during their Sabbatical Leave period (PE, Clause 10.1 c); however, in the absence of a Performance Report, or an election to use the last assessment under the Sabbatical Leave article, Clause 21, the PE assessment will be conducted on the basis of information in your Official File.

Please note: if you are on a Sabbatical Leave from January to June 2028 and your required year to participate in the Performance Evaluation in the three-year cycle is 2027-28, you must submit a Performance Report in November 2027.

PLEASE SELECT *ONE* OF THE FOLLOWING OPTIONS:

- ◯ Use the same assessment as in the previous year (Clause 21 of the Sabbatical Leave article)
- ◯ Use my Performance Report which I shall submit by November 15, 2027.

REQUIRED DOCUMENTATION UNDER THE COLLECTIVE AGREEMENT FOR SABBATICAL LEAVES

The Dean will review the Member's record of accomplishment in Research/Scholarship Activities, including Performance Evaluations and reports from any previous Sabbatical Leaves, and assess that the proposed activities and expected outcomes are viable and credible and consistent with the purpose of the Sabbatical Leave.

Please provide recent publications and other scholarly artistic works, a sabbatical leave plan, and the expected results and publications, as required under the *Sabbatical Leave* article:

- ☐ A current life-time curriculum vitae, including a complete list of publications and other scholarly or artistic works (Clause 12a)
- ☐ A separate list of publications and other scholarly or artistic works appearing within the last six years using the following format (Clause 12h)
  - i. Books and Monographs: State full authorship or editorship (in order of original publication), title, publisher, years of publication (or indicate if in press), and total number of pages
  - ii. Articles: State the full authorship (in order of original publication), year of publication (or indicate if in press), title, name (in full) and volume of the journal, and first and last page numbers. Indicate if journal is refereed.
  - iii. Chapters in Books: State the full authorship of the chapter, title of chapter, editor of book, title of book, publisher, and first and last page numbers.
  - iv. Other Scholarly or Artistic Works: Use formats cited above or a format appropriate to your discipline.
- ☐ Any other documents demonstrating your progress or accomplishment in Research, Scholarship and Creative Activities as defined in the Article, *Academic Responsibility of Members*
- ☐ A sabbatical leave plan including a descriptive title (or titles) and a statement describing your plans for scholarly activity. If travel is involved in your plans, indicate which parts of your work will be done at each location and how long will be spent there. This statement should address the following issues (Clauses 12 b and c):
  - i. Chronology of scholarly activities planned for the leave period, describing the nature and location of the activities to be undertaken.
  - ii. Description of expected outcomes (publications, scientific results, artistic performances).
  - iii. Relation of planned activities to past, present or future scholarly activities.
- ☐ If applicable, include a copy of all invitations from host institutions if you are visiting other institutions for all or part of the Sabbatical Leave
- ☐ If applicable, a copy of the report submitted following the previous Sabbatical Leave
- ☐ If applicable, a description (including the dates of departure and return) of all leaves taken (with the exception of Compassionate Leave, Court Leave, Pregnancy and Parental/Adoption Leave, and Sick Leave) in the previous seven years
- ☐ If applicable, a copy of the Member's Letter of Appointment, if this letter dealt with Sabbatical Leave credit referred to in Clause 7

OUT OF PROVINCE INFORMATION (if applicable)

Does your proposed leave involve more than 6 months continuous absence from the Province of Ontario?
This information is required in order for the University to arrange WSIB coverage on your behalf.

◯ No

◯ Yes - please complete the information below

Out of country start date:		Out of country end date:	
Location where leave will be spent:			

Note: if you are planning on leaving Canada for a period exceeding six months, the Ministry of Health in your province of residence must be notified to request approval for continued Provincial Health insurance. You must complete a Change of Information form for you and/or your dependents. To obtain this form or to request further information, contact the Ministry of Health branch: Ministry of Health, 217 York Street, 5th Floor, P.O. Box 8500, Station A, London, Ontario, N6A 5P9. Phone: 519-675-6800
It is your responsibility to maintain your Provincial Health Insurance.

Do you currently hold a Work Permit?

◯ No

◯ Yes

ACKNOWLEDGEMENTS AND APPROVALS

I have reviewed the Sabbatical Leave Article and my application is compliant with the terms contained therein.

_____ Date:
Member's Signature

I have reviewed the eligibility checklist for the above Member and confirm that this Member meets the eligibility requirements for Sabbatical Leave.

_____ Date:
Dean (or Designate) Signature

_____ Date:
Joint Dean (or Designate) Signature, if applicable

Employer Approval

_____ Date:
Vice-Provost (Academic Planning, Policy and Faculty) Signature