



WESTERN UNIVERSITY

SABBATICAL APPLICATION AND APPROVAL FORM

(for leaves starting July 1, 2025 or January 1, 2026)

Deadline for filing applications:
Office of the Dean - September 9, 2024

Form with fields for Surname, First Name/Initial, Western ID Number, Department, Faculty, Current Rank, and Anticipated Rank.

MEMBER'S ELIGIBILITY QUESTIONNAIRE FOR SABBATICAL APPLICATION

PLEASE CHOOSE ONE OF THE FOLLOWING ELIGIBILITY STATEMENTS:

- Radio button options for eligibility statements: Tenure or Continuing Status, Limited-Term Appointee, Permanent Limited-Term Appointee, or None of the above.

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

Table with columns for Year 1, Year 5, and Year 6 workload percentages.

PLEASE CHOOSE ONE OF THE FOLLOWING ELIGIBILITY STATEMENTS:

I am requesting my Sabbatical:

- Radio button options for sabbatical request: After at least 6 years of continuous service, After 3 years of Tenured or Continuing Status, Less than 6 years with eligibility credit, Less than 6 years but applying Sabbatical eligibility credit, Less than 6 years as a Member, or None of these apply.

TERM OF SABBATICAL LEAVE AND RATE OF PAY

PLEASE CHOOSE ONE OF THE FOLLOWING LEAVE TERMS:

I am requesting my Sabbatical for:

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

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 (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 Sabbatical Leave from January to June 2026, you must submit a Performance Report in November 2025.

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, 2025.

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 required under the Sabbatical Leave article:



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.

Member's Signature

Date:

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

Dean (or Designate) Signature

Date:

Joint Dean (or Designate) Signature, if applicable

Date:

Employer Approval

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

Date:

For Human Resources Input only

SABBATICAL LEAVE FORM

First Name	<input type="text"/>	Surname	<input type="text"/>
UWO ID Number	<input type="text"/>	ER #:	<input type="text"/>
Department:	<input type="text"/>	Dept ID	<input type="text"/>
Faculty	<input type="text"/>		
Action		Reason	
Start Date	<input type="text"/>	End Date	<input type="text"/>

If joint, please provide additional details below

First Name	<input type="text"/>	Surname	<input type="text"/>
UWO ID Number	<input type="text"/>	ER #:	<input type="text"/>
Department:	<input type="text"/>	Dept ID	<input type="text"/>
Faculty	<input type="text"/>		
Action		Reason	
Start Date	<input type="text"/>	End Date	<input type="text"/>