

SABBATIC LEAVE DEFERRAL AT THE REQUEST OF THE UNIVERSITY

This form is to be completed by the Chair/Director or Dean in the case of a staff member who is eligible to apply for a sabbatic leave, or who has been granted a sabbatic leave, but who is being requested to defer the sabbatic leave because of the needs of the academic unit or the University. The form should be signed by the potential sabbaticant before being submitted to APO (academic.personnel@mcgill.ca).

In the case of joint appointments, both Chairs or Deans must sign.

NAME of potential sabbaticant:

FAC	CULTY:		
DEP DEP	Joint Appointments) PARTMENT: PARTMENT 2: Joint Appointments)		
a)	Deferral of application	Deferral of previously approved leave	ed leave
b)	Originally intended dates of sabbatic I	ave:	
	FROM:	TO:	
-)			
c)	Proposed new dates, if known. If for a (Please note that in the case of deferred applic the academic year before which the deferred sa	split leave, dates normally must be for six months periods. tions the full sabbatic leave application must be submitted to the Chair by Oct. 1 obatical is to take place.)	1 st of
	FROM:	то:	
	DD-MM	-YYYY DD-MMM-YYYY	
	If Split, FROM:	YYYY DD-MMM-YYYY	
d)	Reasons for deferral		
		Name (BLOCK Letters, if not using an electronic s	signature)
e-S	Signature of Chair/Director/Dean	DATE (add if not using an electronic signature)	
e)		proposed deferral. I understand that the period of the deferral wi edited Service towards my next sabbatic leave.	ll be

e-Signature of Applicant

DATE (add if not using an electronic signature)

f) Approval by Provost & Vice-Principal (Academic)/Associate Provost, or delegate