

**PD LEAVE (Sabbatical) APPLICATION AND APPROVAL FORM**

*(This application must be completed in Word format)*

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| **Application Information** | **Employee ID #** |  |
| **Surname**  |  |
| **First Name & Initial** |  |
| **Home Address** |  |
| **School/Department**  |  |
| **Position Title** |  |
| **Supervisor/Chair** |  |
| **Classification** □ Academic □ Support □ Administrative  |
| **Leave Information** | **Date PD Leave Begins** |  |
| **Date PD Leave Ends** |  |
| **Dates of Normal Vacation Period** ***(for salary proration)*** |  |
| **Previous PD Leave(s)** | ***(indicate dates of previous PD leaves and nature of activity)*** |
| ***(indicate if you are currently participating in a Reduced Workload or Prepaid Leave arrangement)*** |
| **Leave Compensation** | **% of Salary to be Paid** □ 80% □75%□ 70% □ 65% □ 60%□ 55%***(rate linked to years of service/*** *(11+ yrs.) (10 yrs) (9 yrs.) (8 yrs.) (7 yrs.) (6 yrs.)****time in bargaining unit)******As per academic collective agreement article 20.02(v). Please refer to Compensation Information for additional details.*** |
| **Request for Top-up with Vacation Carry-Over** nsert surname***(option available to academic employee until June 30, 2017)******(indicate # of Days to be Utilized)*** |
| **Other Remuneration/Compensation*****(indicate if you expect to receive compensation from sources other than the college while on your PD leave. Please indicate the amount you expect to receive and services you will perform/deliver).*** |
| **Supervisor/Chair Recommendation** | □ Approves□ Does Not   |
| **Director/Dean Recommendation** | □ Approves□ Does Not  |
| **VPA/ELT Recommendation** | □ Approves□ Does Not   |
| **President Approval** | □ Approves□ Does Not   |
|  |  |
| **Applicant Signature** | If this Professional Development Leave is granted, I agree to return to Sir Sandford Fleming College for a period equal to one year (12 months). If this obligation is not fulfilled, I agree to reimburse Sir Sandford Fleming College for the salary paid during the leave.In signing I agree to all terms and conditions of the Professional Development Leave as outlined in the “Compensation Information- Employees” document.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Signature***(please forward completed application to your Manager/Dean)*** |
| **THIS SECTION FOR HR PURPOSES ONLY** |
|  | **HR Consultant:** *(name)* |
|  | **Rate of Compensation Confirmed** |
|  | **Letter of PD Leave Approval Issued** |
|  | **Reasons for Non-Approved Leave Issued (if applicable)** |
|  | **Interim Reporting – Due/Received** |
|  | **Final Reporting – Due/Received** |

**Statement of Plan for Professional Development Leave**

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| --- | --- |
| **Statement & Purpose** | **Purpose of Leave***(Purpose for which the leave is requested. Provide a concise statement of not more than 25 words)* |
| **Statement of Plans***(Provide a description of the activities to be undertaken during the proposed leave.*  |
| **Benefits & Relevancy** | **Anticipated Learning Outcomes** |
| **Alignment with Personal PD Plan** |
| **Benefit to Students/Staff** |
| **Plan to Incorporate Learning Upon Return** |
| **Reporting Obligations** | **Plan for Interim Progress Reports** |
| **Requirements for Final Report** |
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Nov 2016