



UNIVERSITY
OF MANITOBA

Application for Administrative Leave

Academic Year: 2012-2013

Name: _____
Department: _____
Faculty: _____

Please refer to policy 1013 (Leaves for Academic Administrators) for information regarding principles, eligibility and duration, remuneration and obligations.

This is a fillable form that must be completed using Adobe.

Updated: December 2011

Part A: Application (To be completed by the applicant)

Name: _____ Employee #: _____

Position: _____ Rank: _____ Employee Group: _____
(UMFA, Excluded, Other)

Type of Appointment: _____ (Tenured, Probationary, Continuing)

Department: _____

Faculty/School/Library: _____

This application is made for Administrative Leave as follows:

- A. Full Leave
 12 months at 100% of salary
- B. Half Leave
 6 months at 100% salary
- C. Other
_____ months at _____% salary

Period for which leave is requested: _____ to _____
Day Month Year Day Month Year

Note: An academic administrator is normally expected to take his/her administrative leave immediately upon completing his/her administrative term, having served continuously, i.e. without interruption by leave or other lapse of service, for a period of at least five years (eligible for a leave of twelve months) or for a period of at least three years (eligible for a leave of six months).

Date of first full-time appointment at the University: _____

Date and type of last leave(s):

Research/Study Leave _____ to _____
Day Month Year Day Month Year

Administrative Leave _____ to _____
Day Month Year Day Month Year

Special Leave _____ to _____
Day Month Year Day Month Year

Unpaid Leave _____ to _____
Day Month Year Day Month Year

Accumulated research/study leave credits as at proposed start date of leave: _____

Obligations

If my application for Administrative Leave is approved, I understand that:

I am obligated to return to The University of Manitoba for a period of time equal to my Administrative Leave, unless this requirement is waived by the University. I also understand that if I do not fulfil this obligation (even in the event of a waiver by the University), I may be required, at the discretion of the University, to reimburse the salary and benefits received from the University during the period of the leave.

Within two months following the end of my Administrative Leave, I am obligated to submit a written report on the research and scholarly work which was accomplished during the leave.

Date

Applicant's Signature

*** The text of this page must not be altered. ***

Part B: Recommendation of the Dean/Director

I recommend the application of _____ for Administrative Leave as detailed in Part A be:

Recommended

What implications are there in your support of this application?

- Budgetary Academic Other

Do you verify that the proposed activities will contribute to the Faculty's research and teaching programs and priorities? Yes No

Note: If your recommendation of the application is contingent upon receiving support from central funds, please submit an accompanying request.

Denied

This application is denied for this reason:

- The application does not fulfill the purposes of an Administrative Leave.
- The Administrative Leave cannot be arranged within the priorities of the Department/Faculty/School/Division/Library
- Other: _____

Leave credit(s) to be awarded: Yes No
Type: _____ (credit or half-credit)

Date

Dean/Director

Faculty/School/Library

Part C: Recommendation of the Office of the President

I concur with the recommendation of the Dean/Director that the Administrative Leave be:

Approved

Denied

Date

Office of the President

Part D: To be completed by the Applicant, Department Head and Interim Advisor(s)

Please ensure that this page is the final page of the application

Name: _____

Department: _____

Faculty: _____

Requested Leave Dates: _____

1. Please list the names of all graduate students for whom you are currently an advisor or advisory committee member.

Check this box if you have no graduate students:

2. If your leave involves periods of absence from the University, please list the names of those on-campus faculty designated to replace you in your advisory capacity during your absence. Please consult your Department Head.

Interim Advisor (Print name)

Interim Advisor Signature

Interim Advisor

Interim Advisor Signature

Interim Advisor

Interim Advisor Signature

Applicant's signature

Department Head's signature