



UNIVERSITY
OF MANITOBA

Application for Research/Study Leave

Academic Year: 2012-2013

Name: _____

Department: _____

Faculty: _____

- Employee Group:
- UMFA
 - GFT
 - UMDCSA
 - Excluded

Please refer to the current UMFA Collective Agreement (UMFA members) or the appropriate governing policy for information regarding principles, kinds of research/study leaves, eligibility to apply, obligations and remuneration.

Applications from faculty members/instructors should be sent to the Dean/Director or Department Head, as directed, no later than September 30 of each year.

Applications from academic librarians should be sent to the Director of Libraries at least six months prior to the requested commencement date of the research/study leave.

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

Form updated: August, 2011

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

Name: _____ Employee #: _____

Rank: _____ Employee Group: _____

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

Faculty/School/Library: _____

Department: _____

This application is made for Research/Study Leave as follows:

A. Faculty members/Instructors – Full Leave

- 12 months at 80% of salary
- 6 months at 100% of salary

B. Faculty members/Instructors – Half Leave

- 6 months at 80% salary
- First half leave (Article 21.2.2.2)

C. Academic Librarians

- _____ months at 80% salary
- _____ months at 100% salary

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

Note: A twelve-month leave shall normally begin on July 1st. A six-month leave shall normally begin on either January 1st or July 1st. If the proposed start date is other than January 1st or July 1st (for leaves of 6 months in duration), append justification for proposed dates. (Exception: leaves for Librarians.)

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: _____

- d) Please indicate whether or not your proposed leave activities depend upon funds other than your salary. If they do, detail these costs and the amount and source of any funds you are seeking or have received. If there are no sources of funding available, please attest to that fact. A faculty member whose leave is of such a nature as to be eligible for external support – including personal remuneration – is obligated to apply for that support.

2. The Benefits of the Proposed Leave

- a) Personal Benefits: Please describe your current research/scholarly activities and your normal teaching assignment. How is the proposed leave designed to increase your effectiveness as a university scholar/researcher in light of the previous description?

- b) Benefits to the University: Please describe how the proposed research/study leave activities will contribute to the development of your department's/faculty's research and teaching programs and priorities.

Members of the UMFA bargaining unit should review Article 21.6 of the 2010-2013 Collective Agreement regarding financial support and the limitations on remuneration from all sources during the period of the leave. UMDCSA, GFT and excluded academic staff should review the Research/Study Leave governing document regarding financial support and the limitations on remuneration from all sources during the period of leave.

Obligations

If my application for Research/Study Leave is approved, I understand that:

I am obligated to return to The University of Manitoba for a period of time equal to my Research/Study 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 Research/Study Leave, I am obligated to submit to the dean/director a written report on the research and scholarly work which was accomplished during the leave.

I have complied with the provisions of Article 21 of the 2010-2013 Collective Agreement or the appropriate policy as appropriate regarding financial support and the limitations on remuneration from all sources during the period of the leave.

Date

Applicant's Signature

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

Part B: Recommendation of the Department Head

I recommend the application of _____ for Research/Study Leave as detailed in Part A be:

- Recommended; I verify that the proposed activities will contribute to the Department's research and teaching programs and priorities.
- Denied

Date

Department Head

Department

Part C: Recommendation of the Dean/Director

I recommended that this application 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 a Research/Study Leave.
- The Research/Study Leave cannot be arranged within the priorities of the Department/Faculty/School/Division/Library
- Other: _____

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

Date

Dean/Director

Faculty/School/Library

Part D: Recommendation of the Office of the President

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

Approved

Denied

Date

Office of the President

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

Please ensure that this page is at the end 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 (or Dean/Director if School/Faculty has no Departments)