UNIVERSITY
OF MANITOBA

Application for Research/Study Leave

Academic Year: 2017-2018

Name: _____
Department: _____
Faculty: _____

Employee Group: ❑ UMFA

Please refer to the current UMFA Collective Agreement 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 University Librarian 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.

Please note: You cannot save this completed document on your computer unless you have the full version of Adobe.

Form updated: July 2016

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

Name: _____ Employee #: _____

Rank: _____

Type of Appointment (please check): ☐ Tenured ☐ Probationary ☐ Continuing

Department: _____

College/Faculty/School/Library: _____

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

A. Faculty members/Instructors – Full Leave (6 credits needed)
- ☐ 12 months at 80% of salary
- ☐ 6 months at 100% of salary

B. Faculty members/Instructors – Half Leave (3 credits needed)
- ☐ 6 months at 80% salary
- ☐ First half leave (Article 21.2.2.2) (6 months at 100% salary)

C. Academic Librarians (see Collective Agreement for credits needed)
- _____ 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, attach justification for proposed dates. (Exception: 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: _____

Leave Proposal

Research/Study leaves benefit the University, the leave-takers, and the academic community in general. They allow faculty members to improve themselves academically and to engage in research to foster their effectiveness as scholars and teachers. When appropriate to their proposed plans, leave-takers are encouraged to work during the leave at a site away from the University.

This application is a fillable PDF document. Text should be inserted in each of the sections that follow. If you would prefer to attach a separate document, please ensure that your leave proposal contains information covering **each of the areas listed**. Incomplete applications will be returned to the applicant.

1. The Leave Proposal

   a) Please describe fully the research and scholarly activities to be carried out during the period of the leave.

   b) Please indicate where you will be located during the period of your leave. Name any institution or research facility you will be attending and, where appropriate, attach documentation of acceptance of the institution(s). If such an acceptance is required in order for your proposed activities to be undertaken, indicate your alternative plans should the acceptance not be forthcoming.

   c) Please indicate if the research and scholarly activities to be carried out involve animals and/or humans. If so, have the necessary certificates from a Local Area Committee (for research involving animals) and/or a Research Ethics Board (for research involving humans) been sought? If certification has not been received, please explain why and when such certification will be obtained.

      - ❑ No, my research does not involve animals and/or humans
      - ❑ Yes, my research involves animals and/or humans:
        - ❑ Certification attached
        - ❑ Certification to be secured

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.

Applicants should review Article 21.7 of the 2013-2016 Collective Agreement regarding financial support and the limitations on remuneration from all sources during the period of the 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 2013-2016 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

(Please note: If this faculty member is cross-appointed, the approval of both Department Heads and Deans is required.)

Part C: Recommendation of the Dean/Director

I recommend that this application be:

- ❑ **Recommended**

  What implications are there in your support of this application? **(please check)**

  - ❑ Budgetary ❑ Academic
  - ❑ Other _____

  _____

  Do you verify that the proposed activities will contribute to the Faculty's research and teaching programs and priorities? ❑ Yes ❑ No **(please check)**

- ❑ **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 unit.
  - ❑ Other: _____

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

_____ Date

_____ Dean/Director

_____ College/Faculty/School/Division/Library

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

Name: _____

Department: _____

Faculty: _____

Requested Leave Dates: _____

1. Check this box if you do not have graduate students: ☐ (**Skip to # 5**)

   Check this box if you have graduate students: ☐ (**Continue to # 2**)

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

   _____

   _____

   _____

   _____

3. Check this box if you have graduate students but you will be available to advise/participate on any advisory committees during your leave: ☐ (**Skip to # 5**)

4. 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

5. SIGNATURES:

   _____
   Applicant's signature

   _____
   Department Head's signature
   (or Dean/Director if School/Faculty has no Departments)

Part E: 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