



UNIVERSITY  
OF MANITOBA

## Application for Research/Study Leave

Academic Year: 2018-2019

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 2017





- 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.

<b>Obligations</b>
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**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