



UNIVERSITY
OF MANITOBA

Application for Administrative Leave

Academic Year: 2018-2019

Name: _____

Department: _____

Faculty: _____

Please refer to the policy "Administrative 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.

Form updated: July 2017

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

Name: _____

Employee #: _____

- Position:
- Vice-President/Associate Vice-President
 - Associate Dean/Associate Director
 - Library Dept Head/Library Coordinator

- Dean/Director
- Department Head

Rank: _____

Employee Group: _____
(UMFA, Excluded, Other)

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

Department: _____

Faculty/School/Library: _____

This application is made for Administrative Leave as follows:

- Full Leave: 12 months at 100% of salary
- Half Leave: 6 months at 100% salary
- 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 leave credits as at proposed start date of leave: _____

Leave Proposal

Administrative leaves are provided for the same purpose as research/study leaves, i.e., to allow faculty members to improve themselves academically and to engage in research to foster their effectiveness as teachers and scholars.

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 administrative leave activities will contribute to the development of your department's/faculty's research and teaching programs and priorities.

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

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

This Administrative Leave is:

Approved

Denied

Date

Office of the President

Part D: Graduate Student Advising - To be completed by the Applicant, Department Head/Dean 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.

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 / Dean's signature