REQUEST FOR LEAVE OF ABSENCE

**IN ACCORDANCE WITH POLICY #3 ON LEAVES OF ABSENCE FOR FACULTY MEMBERS**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Department: |       |
| Rank: |       | [ ]  Tenured [ ]  Probationary  |

First Appointed at University of Waterloo:

|  |  |  |  |
| --- | --- | --- | --- |
| Rank: |       | Date: |       |

Record of Past Leaves:

|  |  |  |  |
| --- | --- | --- | --- |
| Type | From | To | Salary Arrangement |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

Current Request for Leave: (if leave is to be combined with non-teaching terms, specify non-teaching term dates below as well as leave dates.)

|  |  |  |  |
| --- | --- | --- | --- |
| Type | From | To | Salary Arrangement |
|       |       |       |       |
|       |       |       |       |

**Outline of Leave: 60 words max**. stating your area of research, plans for leave, and expected outcomes (for Board of Governors report)

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If the current request is partially based on credit for time spent in an administrative position, please specify post and dates:

|  |
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|       |

Service Credit/Administrative Credit remaining:

|  |
| --- |
|       |

***Please attach:* *curriculum vitae***

***Please fill out page 2 or attach: a detailed outline of your planned scholarly activities; a report on previous sabbatical leave (if applicable) Please complete: declaration of any outside employment or fellowship; declaration of any external grant funding; travel declaration***

***Please complete: Graduate Student Supervision During Leave of Absence form (attached)***

***Please complete: Laboratory Safety Supervision During Leave of Absence form (attached)***

***Please complete: Administrative Appointment During Leave of Absence form (attached)***

**Are you requesting a grant in lieu of salary? Yes** ☐ **or No** ☐ ***Please complete if applicable: application for Research Grant (attached).***

Signature of Requestor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VP Academic/Provost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This sabbatical is conditional upon approval from the Board of Governors**

*Copies: Provost, HR/Payroll, Office of Research, Dean, Chair, GSO, Applicant*

|  |
| --- |
| **PLAN FOR SABBATICAL LEAVE** |

**Planned scholarly activities:** *(who is involved; what is your research project; when will you be away; why you are performing the research; where you will do your research)*

|  |
| --- |
|  |

**Declaration of Research Funding (*Research Office will be notified prior to Provost approval****)*

|  |
| --- |
|  [ ]  Yes, I hold/will hold ***active*** or ***applied for*** research funding (internal or external).If yes, will all active Tri-Agency and/or Early Research Award (ERA) funded research projects continue during the leave? Yes [ ]  No [ ]  N/A [ ]  If yes, is supervision in place for all students? Yes [ ]  No [ ]  N/A (no students) [ ] [ ]  No, I do not hold research funding.  |

**Declaration of Outside Employment or Fellowships:**

|  |
| --- |
|  [ ]  I will not be receiving any funding from outside employment or fellowships during my sabbatical[ ]  I will receive outside funding **(*please provide a brief explanation*)** |

**For All Declarations**: *Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

|  |
| --- |
| **Report on previous sabbatical leave:** *(what research did you do; where did you do it; grants applied for and awarded; publications arising from your research)* |

**GRADUATE STUDENT SUPERVISION DURING LEAVE OF ABSENCE**

## FACULTY OF <include your faculty here>

|  |  |
| --- | --- |
| DEPARTMENT: |       |
| APPLICANT’S NAME: |       |

During my proposed leave of absence

|  |  |  |  |
| --- | --- | --- | --- |
| From: |       | To: |       |

I have made the following arrangements for my graduate students:

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name: (Please print) |       | Delegated Supervisor: (Please print) |       |

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Signature of Delegated Supervisor*

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name: (Please print) |       | Delegated Supervisor: (Please print) |       |

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Signature of Delegated Supervisor*

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Name: (Please print) |       | Delegated Supervisor: (Please print) |       |

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Signature of Delegated Supervisor*

**REMARKS:**

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*Signature of Supervisor Proceeding on Leave*

**APPROVED BY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Department Graduate Officer

**OR: Declaration of no graduate students during leave:**

|  |
| --- |
|   I do not have and will not have any graduate students to supervise during my leave.*Signature of Supervisor Proceeding on Leave:*  |

#### Copy: Faculty Associate Dean for Graduate Studies

**LABORATORY SAFETY SUPERVISION DURING LEAVE OF ABSENCE**

## FACULTY OF <include your faculty here>

**This form *mus*t be filled out in full when:**

Absences of a nature/duration where aspects of physical laboratory supervision cannot be performed by the supervisor. This may include sabbaticals involving travel or extended absences (beyond one month) where the faculty member cannot attend the lab or adequately remotely oversee aspects of health and safety supervision.

**OR Please check applicable statement below and sign:**

|  |  |  |
| --- | --- | --- |
|  | If the absence is less than 1 month *or* where the faculty member remains available to fully perform health and safety supervision duties (in-person or remotely on-call). Lab contact for emergency access. Name: | Signature |
|  | If permanent supervisory responsibility has been assigned to a competent employee lab manager. Name: | Signature |
|  | If the faculty member does not have a lab | Signature |

**Roles & Responsibilities:**

Department Head

* Ensure that an appropriate delegate supervisor has been identified during the leave.
* If, during the leave period, adequate supervision is not in place, cease operation of the research space.

Principal Investigator (Applicant)

* To identify health and safety related supervisor activities requiring delegation during a leave of absence. These should include, at a minimum:
* Responding to incidents and emergencies and conducting incident investigations
* Conducting or overseeing monthly supervisory health and safety inspections
* Carrying out laboratory training and orientations
* Approving or providing written safe operating procedures
* Prior to starting a leave, to provide the delegate supervisor an overview of:
* Processes, equipment, materials within the labs, including any hazards that the delegate must be aware of
* Rules established to ensure safe operation of equipment and processes, safe handling/disposal of materials
* Research members’ competencies and limitations, to ensure workers are provided the supports they need and are not required or allowed to perform work for which they are not competent.
* The Working Alone plan and its communication structure
* To communicate to researchers, the identity and role of the delegate supervisor during the leave of absence and the expectations of research members.

Delegate Supervisor

* To conduct required health and safety supervisory activities during the leave of absence period.
* To identify and address health and safety hazards, issues or concerns identified during the leave of absence period, or to escalate issues which are not under their purview to Department Head for resolution if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Applicant**  |  | **Building and Lab Room Number(s)** |  |
| **Department**  |  | **Dates of Absence** |  |
| **Signature**  |  |
| **Delegate Supervisor Name** |  | **Signature** |  |
| **Department Head Name**  |  | **Signature** |  |

## ADMINISTRATIVE APPOINTMENT DURING LEAVE OF ABSENCEFACULTY OF <include your faculty here>

|  |  |
| --- | --- |
| DEPARTMENT: |       |
| APPLICANT’S NAME: |       |
| ADMINISTRATIVE APPOINTMENT(S): |       |

During my proposed leave of absence

|  |  |  |  |
| --- | --- | --- | --- |
| From: |       | To: |       |

**The following arrangements have been made for my Administrative Appointment(s):**

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| --- |
|       |

*Signature of Requestor:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPROVED BY:**

Signature of Department Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

####

**OR: Declaration of no administrative appointments during leave:**

|  |
| --- |
|   I do not have and will not hold an administrative appointment during my leave.*Signature of Requestor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

**UNIVERSITY OF WATERLOO RESEARCH GRANTS PROGRAM**

A faculty member who wishes to perform research during a calendar year, including a period when on leave with pay, may be eligible for the University of Waterloo Research Grants Program. The research grants are provided in lieu of regular salary.

A faculty member applying for a Research Grant must complete 6 sets of the research grant application form and submit it with appropriate approvals to the Payroll section of Human Resources. The application will be subject to peer review and approval prior to amounts being paid.

Revenue Canada has attached conditions for determining the eligibility of a research grant application as follows:

1. The research must involve a critical or scientific inquiry having for its aim the discovery of new facts and their correct interpretation or their practical applications. It does not include research carried out for the sake of acquiring the experience or skill of conducting research, as may be the case of research carried out by undergraduate students. In order for a grant to be considered a research grant, the primary purpose of the grant is the carrying out of Research".

2. The University will benefit from the research.

3. The activity is timely and appropriate for the field of interest of the researcher.

4. The amounts requested appear reasonable and justifiable.

Income Tax Folio S1-F2-C3: Scholarships, Research Grants and Other Education Assistance (issued 2013-03-28), replaced Interpretation Bulletin IT-75R4, is important for determining CRA’s position regarding the treatment of these research grants.

The University Research Grant Program permits faculty to receive a portion of her/his salary in the form of a research grant. Approved grants will be treated as T4A income for tax purposes and will not, therefore, have income tax deducted by the University.  The grant payment will qualify for University Pension, Group Life Insurance and Long Term Disability Insurance coverage but Canada Pension Plan and Unemployment Insurance coverage will be based on only the salary portion of the monthly payment.  It is the responsibility of the grant holder to claim eligible research expenses as a deduction against the T4A grant income when filing the annual tax return.

Non-leave grants after approved are sent directly to the Human Resources department. Application forms and guidelines are available from Departmental Secretary's or the Payroll section of Human Resources.

Applications for grants while on research leave are approved during the sabbatical approval process.

If you have any questions or require additional information, please contact Ljiljana Skobo, Human Resources, extension 37580.

**UNIVERSITY OF WATERLOO RESEARCH GRANTS PROGRAM**

**APPLICATION GUIDELINES AND CONDITIONS OF AWARD**

|  |  |
| --- | --- |
| ProgramDescription:Eligibility:SubmissionDates:ApplicationAnd ReviewProcedures:Grant Level:Grant Payment:Travel and Related Costs:Tax Information:Leaving the campus: | This program permits, under certain conditions, a researcher to receive a research grant in lieu of salary, through a mechanism which includes peer review. The grant may be used for all the purposes of a grant-in-aid of research, except salary for the principal investigator. This program covers only research activities and is not intended to cover projects directed at teaching or the development of teaching related skills.Once the research grant has been awarded, the funds are no longer considered to be salary but constitute a research grant which is subject to the regulations of the program and the research-related policies of the University.Grants awarded under this program are considered as taxable income. However, the grant payment will be treated as T4A income for tax purposes and accordingly, no income tax will be deducted by the University. The award recipient is responsible for reporting the income to Revenue Canada and declaring against it eligible expenditures.Faculty members either full-time or part-time, who wish to perform research during any academic year, including a year when on research leave, may be eligible.**For Non-Leave Grants applications may be submitted directly to Human Resources**. The process of reviewing Research Grant applications and completing financial arrangements can be a lengthy one and therefore this application form should be submitted to the Payroll Supervisor, for a deadline which leaves two months between the deadline and the date on which the Grant is needed.Research Grants for Research Leave periods (Sabbaticals) are approved during the sabbatical approval process. Please note that according to Revenue Canada, research grant-related expenses must be incurred in the same calendar year in which the research grant is received in order to be deductible from the grant. In some cases, research expenses may be incurred in the year immediately preceding or immediately after the year in which the grant is received; please visit CRA, Income Tax Folio: S1-F2-C3, Scholarships, Research Grants and Other Education Assistance, Section 3.77 for further details. **Applicants should bear these matters in mind when applying.**In completing the application, researchers should provide a description of the research activity which is sufficiently detailed for a determination to be made as to the reasonableness of the proposed expenditures in the context of the research to be carried out.All applications must be approved by the Chairman of the Department and the Dean which is responsible for the payment of salary to the researcher.Applications for Sabbatical Research Leave Grants also require approval of the Vice-President Academic and Provost.In the case of a faculty member on research leave, the maximum grant will be determined by the leave salary of the applicant. The total grant requested should allow for at least 20% of the applicant’s regular 100% salary to be retained to be paid in the usual manner, in order to maintain University benefits coverage.In the case of a faculty member not on research leave, the amount of the research grant should be reasonably commensurate with the value of the reduction in the non-specific research component of the faculty member’s normal responsibilities. Awards to non-leave applicants should not exceed 50% of annual salary.The University will not make any alteration to salary payments already made to the applicant at the time of approval of the award; hence, the grant applied for may not be larger than the amount of unpaid salary less benefits remaining in the calendar year for non-leave applicants, or in the leave period for leave applicants, at the time of approval.The researcher will be informed by letter of the result of the deliberations. Once an award is made, the documents will be forwarded to the Payroll Department for processing. The amount of the research grant will be reflected as a reduction in the researcher’s salary and will be reported on an income tax T4A slip. Thus, under this program the researcher’s total payment will be divided into two components: 1) salary and 2) research grant.The grant will be paid in equal installments included with the regular monthly salary payment.Travel costs will be allowable for purposes essential to the research outlined. According to Revenue Canada guidelines, researchers may claim only their own expenses of traveling between their home in Canada and the place at which they sojourn (temporarily reside) while engaged in research work provided that such travel is essential to the research. Traveling expenses of spouses and children may not be claimed. Researchers are not permitted to claim their own personal and living expenses, including meals and lodging, while sojourning (temporarily residing) in a place to engage in research.However, researchers are entitled to claim expenses for meals and lodging, but excluding any personal living expenses, while on brief field trips in connection with their research. Personal moving expenses are not allowable under the program. Note particularly paragraphs 3.75 Income Tax Folio: S1-F2-C3, Scholarships, Research Grants and Other Education Assistance.Please note that although the University approves a Research Grant, 1) the question of the deductibility of expenses for income tax purposes must be in accordance with Revenue Canada regulations and such deductions should be claimed when the researcher files his or her personal income tax return; and 2) any questions with respect to the eligibility of expense deductions must be resolved between the researcher and Revenue Canada. The researcher solely is responsible for any additional income tax which may become payable as a result thereof. The researcher is not required to submit an accounting for these funds to the University; but since it is the responsibility of the researcher to support claims for deductions to Revenue Canada, researchers should keep detailed records of research expenditures. The University is not in a position to offer any more detailed tax information than that which is contained in Revenue Canada Income Tax Folio: S1-F2-C3, Scholarships, Research Grants and Other Education Assistance, nor will the University assist the faculty member in the presentation of a case to Revenue Canada. Any questions about taxation regulations should be referred directly to Revenue Canada or to an external Tax advisor.If at any time during the term for which the Grant has been made, the grantee ceases to be a member of the University and his or her salary ceases, the grant arrangement will terminate and salary and the grant amount are to be reconciled between the investigator and the University. |

**SABBATICAL RESEARCH GRANT IN LIEU OF REGULAR SALARY**

|  |  |
| --- | --- |
| **APPLICANT’S NAME:** |  |
| **UNIVERSITY DEPARTMENT:** |  | **DATE:** |  |

**A. BASIC INFORMATION**

1. **Indicate the Term of Research Leave Granted:**

|  |  |  |
| --- | --- | --- |
| Starting | Ending | Number of Months |
|       |       |       |

1. **Title of Research Project:**

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| --- |
|       |
|       |

1. **Location of Research** (Please name principal building or site where the research will be performed, for example, a college, hospital, main campus, or site in the Arctic):

|  |
| --- |
|       |

1. **Total Amount Requested:**

|  |
| --- |
|       |

Please note that T4A slips will be issued for the **taxation year** in which the installment payment is received, not the date on which the Payroll department receives the Research Grant Payment Form. (Installments will be included in the normal salary payments). *Visit Revenue Canada* [*http://www.cra-arc.gc.ca/tx/tchncl/ncmtx/fls/s1/f2/s1-f2-c3-eng.html#N108BF*](http://www.cra-arc.gc.ca/tx/tchncl/ncmtx/fls/s1/f2/s1-f2-c3-eng.html#N108BF) *for further information.*

*Copies: Human Resources, Dean, Chair, Applicant*

1. **DESCRIPTION OF PROPOSED RESEARCH**

Please give a description of the research objectives and procedures and a justification of the budget items listed under Section C and the choice of location(s), if any. Please note that the purpose and objects of the expenditures proposed must be warranted in the context of the research outlined. Applications that do not provide sufficient information will be returned.

|  |
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|       |

*Copies: Human Resources, Dean, Chair, Applicant*

1. **BUDGET**The purpose and objects of the expenditures proposed must be warranted in the context of the research proposed. **INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT FOR ADDITIONAL INFORMATION**. *Please refer to the Revenue Canada Income Tax Folio, S1-F2-C3, Scholarships, Research Grants and Other Education Assistance, for information regarding allowable research expenses.*

**PERSONNEL**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name, position, and qualifications | Rate Per Annum | Hours /Week | Calc.Rate | FringeBenefits | EstimatedExpenses  | **$** |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
| **TOTAL FOR PERSONNEL $** |       |

**TRAVEL AND RELATED COSTS FOR PRINCIPAL INVESTIGATOR** essential to research program (expense for sojourning and for spouse and family are not allowable)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Location(s) | Duration | Travel Mode  | Related Costs | **$** |
|       |       |       |       |       |
|       |       |       |       |       |
| **TOTAL FOR TRAVEL $** |       |

**EQUIPMENT** (list specific items)

|  |  |  |  |
| --- | --- | --- | --- |
| Quantity | Description | Unit Cost | **$** |
|       |       |  |       |
| **TOTAL FOR EQUIPMENT $** |       |

**SUPPLIES** (list specific items)

|  |  |  |  |
| --- | --- | --- | --- |
| Quantity | Description | Unit Cost | **$** |
|       |       |  |       |
| **TOTAL FOR SUPPLIES $** |       |

**OTHER EXPENSES** (be specific)

|  |  |  |  |
| --- | --- | --- | --- |
| Quantity | Description | Unit Cost | **$** |
|       |       |  |       |
| **TOTAL FOR OTHER EXPENSES $** |       |

|  |  |
| --- | --- |
| **TOTAL FUNDS REQUESTED $**(**Enter this amount in Section A, item 4**) |       |

*Copies: Human Resources, Dean, Chair, Applicant*

1. **RECOMMENDATION OF DEPARTMENT CHAIR AND DEAN**

I have reviewed this proposal and am satisfied that:

* 1. The University will benefit from this research activity
	2. The activity is timely and appropriate for the field of interest of the researcher
	3. The amounts requested in the budget appear reasonable and justifiable
	4. The amount of the grant requested is equal to or less than the amount of salary less benefits left to be paid to the applicant in the calendar year/leave period; grants to faculty members on research leave, at least 20% of the applicant’s normal salary must be retained as salary in order to cover employee benefit costs.

This proposal has my support and approval.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date |  | Department |  | Department Chair |
| Date |  |  |  | Faculty Dean |
| Date |  |  | \*1 | V-P, Academic & Provost |

Comments:

\*2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Research Committee Approval Date

\*1 Required for Sabbatical Research Leave only

\*2 Required for Non-Leave Research only

*Copies: Human Resources, Dean, Chair, Applicant*