

Name:

Academic Unit:

REQUESTED LEAVE

of months requested:

Study Leave Application 2018/19 Academic Year

Assistant Teaching Professor, Associate Teaching Professor, or Teaching Professor

Rank:

Faculty:

eight

V#: V00

four

This application must be submitted to your department head by Monday, October 2, 2017.

Starting on:	1 Sep 201	3 1 J	an 2019	1 May 2019	
and ending on:	31 Dec 2018	30 Apr 2019	31 Aug 2019	31 Dec 2019	
Comments:					
PRIOR STUDY LEAVE(S	5)				
Will this be your first st	udy leave?	Yes	No		
If not, what were the da	tes of your last stud	ly leave?	to		
Is the report from your	ast study leave atta	iched? Yes	s No		
If not, give reason:					
As per the provisions of the Collective Agreement, if leave is granted, I agree to return to my duties at the University for not less than the period of time that is equal to the length of the leave (section 43.12); and, upon return, to file the prescribed report prior to the next salary adjustment review (section 43.24).					
Applicant's	Signature	Da	nte		
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QUALIFYING SERVICE PERIOD DETAILS

3) Type of leave taken:

Start date:

	alifying service period' is the ave, and the day before the			nent or return from the most recent	
Qualify	ing service period start	date:	End date:		
Numbe	er of months in qualifying	g service period:			
Were a	ny previously approved	study leaves deferred	l?	No	
	Yes, at my request	Reason:			
	Yes, at the request of the University				
Do you	ı have study leave credit	that was previously	granted?	No	
	Yes, at recruitment	Numi	per of months:		
	Yes, due to previous de	eferral Numi	per of months:		
Did yo	-	reduced appointment	at some time dur	ing the qualifying service	
	llective Agreement stipulates re taken following during you			years of service. Please indicate if	
1)	Type of leave taken:				
	Start date:		End date:		
2)	Type of leave taken:				
	Start date:		End date:		

End date:

All of the following sections must be completed. If necessary (or you'd prefer), you may attach supporting documents to your application. Please ensure that you have indicated where there is an attachment and that it is clearly labeled with the section heading.

l.	ABSTRACT	attachment:	Yes	No
	Provide an abstract explaining the proposed project for the lea	ve, including an indication	on of the relatio	nship
	between the objectives of the project and how these activities will enhance your teaching effectiveness and the			
	advancement of learning at the University.			
	, ,			
	DI ANNED ITINED ANY		.,	
II.	PLANNED ITINERARY	attachment:	Yes	No

III.	USE OF FACILITIES AT THE UNIVERSITY Provide a statement outlining the proposed use of any space of	attachment: r facilities at UVic during	Yes the leave.	No
IV.	COLLABORATION WITH OTHER INSTITUTIONS Where collaboration or use of facilities at other institutions is a provide either a) documentation with respect to arrangements use of facilities or plans for collaboration.			
V.	FUNDING OPPORTUNITIES Provide a statement indicating the availabilities of fellowships, and other outside support for the leave.	attachment: travel grants, grants-in-o	Yes aid (received or រុ	No pending),

VI.	State arrangements made for the supervision of graduate stude how you will continue to be involved in their supervision while of		Yes m supervisors, or	No · indicate
VII.	SCHOLARLY UPDATE Provide an update of scholarly developments and/or enhancement previous leave, if applicable.	attachment: nents to teaching effectiv	Yes reness resulting f	No rom your