

APPLICATION FOR RESEARCH LEAVE

Permanent Faculty Members

Application for research leave should be made to the Dean but through your Chair. The application should be accompanied by a letter of recommendation from the Chair, and this completed form, together with the additional documentation indicated below. The complete package must be received by the Dean by **October 31** of the academic year prior to that of the requested leave.

Research Leave Policy - http://www.mcmaster.ca/policy/faculty/Leaves/SPS_C2-Research_Leave-Permanent_Faculty.pdf

Name _____

Department: _____

Research Leave can be granted only when three conditions have been met:

Condition 1: Number of years of service completed prior to leave must adhere to the Research Leave Policy

Please check the type of leave you are proposing:

<input type="checkbox"/> 4 MONTHS (1 term)	<input type="checkbox"/> 4 MONTHS (1 term)
100% Salary • Once only – First Leave	90% Salary • Once per 7 years

Number of years of service completed prior to leave and/or after previous leave: _____

Date of previous leaves: _____

The policy states: a leave will be for an entire term (Fall, Winter or Spring/Summer) _____

Start date of proposed leave: _____

Condition 2: The applicant must have submitted a satisfactory plan describing the research objectives and the way they will be achieved during the leave.

For subsequent leaves: The applicant must normally have a satisfactory record of scholarly achievement since the beginning of the previous research leave.

Attach a one page description of the proposed program of research to be undertaken during your leave.

Attach your up-to-date curriculum vitae in McMaster format.

Condition 3: Submission of a satisfactory plan describing the research objectives and the way they will be achieved during the proposed leave.

Attach a one page description of the proposed program of research to be undertaken during your leave.

COVERAGE OF YOUR COMMITMENTS

Indicate arrangements made to cover teaching responsibilities during your leave. Include the name(s) of individuals who have agreed to cover your responsibilities.

State provision made for graduate students you are supervising. Include the name(s) of individuals who have agreed to be your backup and available to your graduate students if needed.

What arrangements have been made to manage your administrative duties during this leave?

What arrangements have been made to manage your research program during this leave?

LOCATION OF LEAVE

Will you be working at another university or research locale as part of your research leave?

If YES - Please attach a letter of invitation from the host institution.

Will this be out of the country? If YES - Please ensure that you have arranged for any necessary supplemental insurance coverage.

CONSULTING

A faculty member on Research Leave may accept fellowships, honorary visiting professorships, or the like, provided that the duties associated with these do not detract from the research plan described in the application for leave. The University's Consulting Policy applies during leaves: hence the faculty member must report any consulting or teaching carried out during the leave. Anticipated employment income in excess of 115% of regular salary must be approved by the dean before taking up the employment.

Do you anticipate receiving employment income in addition to your base salary during the research leave?

If yes, will your total anticipated employment income exceed 115% of regular salary?

Per the policy, anticipated employment income over 115% of regular salary must be approved by the Dean.

Please provide an explanation of the consistency of your work plans with your research plans.

I agree to return to McMaster University at the end of the research leave and within four months of my return, I will provide a written report on my accomplishments during the leave to my Department Chair and to the Dean.

Applicant's Signature

Date

To be completed at Department level

FUNDING

	Duration (months)	Percentage of normal	Source of funding
Salary Support	4	<input type="checkbox"/> 100% <input type="checkbox"/> 90%	

Department to append written confirmation of salary support for the period of the proposed leave if necessary.

I hereby approve this application for research leave

Chair/Associate Dean Signature:

Date

To be completed at Faculty level

Technical Eligibility – Timing Yes No

FHS Faculty Relations Signature

FHS Financial Approval Yes No

FHS Finance Signature

Approved by the Council of the relevant school
(Nursing, Medicine, Rehabilitation Science)

Yes No

Meeting Date

Approved by University Research Leave Committee

Yes No

Meeting Date