

APPLICATION FOR RESEARCH LEAVE

TENURE/CAWAR 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 C1-Research Leave-Tenured and CAWAR.pdf)

Note: Because funding arrangements for CAWAR appointments may vary considerably, individuals in this category should contact their Department Chair with any questions related to their eligibility for payment during their approved leave.

Name			
Department:	-		
Research Leave ca	an be granted only v	when three condition	ons have been met:
	r of years of service co h Leave Policy	mpleted prior to leave	must adhere to the
Please check the type of l	leave you are proposing:		
12 MONTHS	12 MONTHS	6 MONTHS	6 MONTHS
100% Salary	90% Salary	100% Salary	90% Salary
 Once only – First Leave 	Once per 7 years	Once per 7 years	 The individual may apply after 3 yrs of full-time service subsequent to a previous leave.
Number of years of serving	ce completed prior to leave	and/or after previous leav	•
Date and duration of prev	vious leaves:		
Start date and duration o	of proposed leave:		
The policy states: a 12-months or January 1 st	onth leave will usually begin	n on July 1 st and a 6-month	h leave may begin on either July
	•	•	r service to the University or arch leave (or the beginning

profession since the beginning of the previous research leave (or the beginning of employment at McMaster, in the case of a first 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 <u>one page</u> description of the proposed program of research to be undertaken during your leave.

COVERAGE OF YOUR COMMITMENTS Indicate arrangements made to cover teaching reindividuals who have agreed to cover your response.

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?

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

Applicant's Signature Date To be completed at Department level **FUNDING** Department to append written confirmation of base salary support for the period of the proposed leave and agreement with respect to ceiling payments. **Source of funding** Duration **Percentage** (months) of normal **Salary Support** I hereby approve this application for research leave Chair's Signature: Date To be completed at Faculty level Technical Eligibility – Timing □Yes □ No FHS HR 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

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.

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