SIMON FRASER UNIVERSITY

APPLICATION FOR LEAVE OF ABSENCE

1. Name ______________________________________________________

2. Department(s) _______________________________________________

3. Period of leave requested: From________________to_________________

4. Nature of leave (check one)
   a. Remunerative leave, i.e. involves holding a salaried position with another organization or institution during the leave period.
   b. Non-remunerative leave
   c. Personal leave

5. Type and period of last leave of absence ____________________________

6. Purpose of leave ______________________________________________

7. **If the period of leave is to be used for duties elsewhere,** identify the nature of your duties, the amount of remuneration, if any, to be received, and the source of that remuneration.

___________________________________________________________

___________________________________________________________

___________________________________________________________

___________________________________________________________

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8. Employee Benefit Arrangements (Please consider which of a), b) or c) is appropriate to the type of leave you're taking).

a. Remunerative leave (where the faculty member will receive remuneration from an outside source). Please check one of (i), (ii), (iii)

(i) Sponsoring organization will pay your own and the University’s contribution to your benefits (excluding pension contributions) during the leave period.  

or

(ii) You will pay both your own and the University’s contributions to benefits (excluding pension contributions) during the leave period.  

or

(iii) You wish your benefits package to lapse during the leave period.

b. Non-remunerative leave (where the faculty member will not receive remuneration from any outside organization or SFU). Please check either (i) or (ii).

(i) You and the University will continue the shared contributions to benefits (excluding pension contributions) for the period of the leave.

or

(ii) You wish your benefits package to lapse during the leave period.

c. Personal leave. Please check either (i) or (ii).

(i) You will pay both your own and the University’s contributions to benefits (excluding pension) during the leave period.

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1 Attach a letter from the sponsoring agency confirming this arrangement and providing the name and address of the person to whom benefit invoices should be sent.

2 Arrangement for pre-payment of benefits premiums must be made before the leave commences. Contact the Supervisor, Benefits and Records in Human Resources.

3 Please check with the Supervisor, Benefits and Records in Human Resources before selecting this option as there may be special conditions attached to rejoining some plans.
or
(i) You wish your benefits package to lapse during the leave period.

9. The above constitutes my application for a leave of absence.

____________________________  _______________________
Faculty Member Date

10. Statement by Chair (including effect on teaching, graduate student supervision and committee work).

a) __________________________________________________________
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________

b) Recommended by Chair

__________________________  _______________________  
Chair Date

11. Approved by Dean

__________________________  _______________________  
Dean Date

Note: When the applicant holds a joint appointment, both Chairs and Deans (if applicable) are required to consider the leave application.

__________________________________________________________________

When complete, the Dean’s office shall send copies of this form to:

  Supervisor, Benefits and Records, Human Resources
  Financial Services/Payroll
  Vice-President, Academic

And shall advise the following of the Dean’s approval:
  Faculty member
  Department Chair

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