



a place of mind

Study Leave Research Grant

Office of Research Services UBC Okanagan

Office of Research Services
Phone: (250) 807-9412

FOR ADMINISTRATIVE USE ONLY

FAS NUMBER	DATE RECEIVED
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FACULTY MEMBER INFORMATION	
SURNAME:	GIVEN NAME:
FACULTY:	DEPARTMENT/UNIT:
ACADEMIC RANK:	EMAIL ADDRESS:
PHONE NUMBER:	
TERM OF LEAVE: (DD/MM/YYYY – DD/MM/YYYY)	
TITLE OF PROJECT:	
ABSTRACT OF PROJECT:	

BUDGET		
BUDGET SUMMARY	AMOUNT	BUDGET DETAILS
Payroll Costs (Principal Investigators)		
Payroll Costs (Salaries and Benefits)		
Materials, Supplies and Expenses		
Equipment		
Travel and Living		
UBC Analytical and Other Services		
Off-Campus Consultants/Contract Services		
Calendar Year 1 Amount:		
Calendar Year 2 Amount:		
TOTAL Amount:		

* Study leave research grants may be paid in equal monthly installments or may, for tax purposes, be divided unequally between the two calendar years involved.

SALARY DETAILS

Please complete the following section for all individuals to be paid from these funds:

POSITION	TASK TO BE PERFORMED	SALARY RATE	EMPLOYMENT PERIOD

ETHICS CERTIFICATIONS AND APPROVALS			
Does the project involve the use of humans, animals or biohazardous materials?			
Humans	YES	NO	Certificate #:
Animals	YES	NO	Approval #:
Biohazardous Materials	YES	NO	Level:
Radioactive Materials	YES	NO	Specify:
SIGNATURES			
The following signatures attest that the type of research undertaken in the program is of a type which is separate and apart from research work ordinarily expected under the researcher's terms of employment. Also, the non-specific research component of the researcher's normal duties of employment is to be reduced by a level reasonably corresponding to the value of the award.			
APPLICANT			
Name:	Signature:	Date:	
DEPARTMENT/UNIT HEAD			
Name:	Signature:	Date:	
DEAN or DEAN DESIGNATE			
Name:	Signature:	Date:	
OFFICE OF THE PROVOST			
Name:	Signature:	Date:	

For Internal Administrator Use Only:

Memo Prepared by ORS and sent to HR	
ORS Name/signature:	Date: