Applicant LAST NAME/First Name and Department

## **PART 2: CONFIDENTIAL RECOMMENDATION**

## Section 1: Chair/Director/\*Dean's Recommendation

In the case of joint appointments, each Chair/Director/\*Dean (small Faculties) must submit a separate copy of this form.

| NA         | TURE OF LEAVE   | Leave of Absence w                                   | ,  |                    |              |         |
|------------|---|--|--|--------------------|--------------|---------|
|            |   | Secondment (Regs,                                    | Section 8) P                                       | ublic Office (Regs | s, Section 1 | 0)      |
| a)         | Do you support this applie  | cation? Explain.                                     |  |                    |              |         |
| b)         | Describe the implications   | for department.                                      |  |                    |              |         |
| <b>c</b> ) | Departmental plans for te   | eaching of applicant's cou                           | rses. (Please enumerate                            | by course)         |              |         |
| -,         | Course Num  | ber/Title  |  | Arrangement        |              |         |
|            |   |  |  |                    |              |         |
|            |   |  |  |                    |              |         |
|            |   |  |  |                    |              |         |
|            |   |  |  |                    |              |         |
|            |   |  |  |                    |              |         |
| d)         | Will other departmental m If yes, please indicate who specialization. | nembers be on leave duri                             | ng the same period?<br>their leaves and their gene | ral area of        | Yes          | No      |
|            | Name  | Type of Leave  | Dates of Leave                                     | Area               | of Special   | ization |
|            |   |  |  |                    | -            |         |
|            |   |  |  |                    |              |         |
|            |   |  |  |                    |              |         |
|            |   |  |  |                    |              |         |
|            |   |  |  |                    |              |         |
| e)         | Will special conditions ap  | ply to the granting of this                          | leave?   |                    | Yes          | No      |
|            |   |  |  |                    |              |         |
| f)         | Are the applicant's prefer  | red dates acceptable?<br>e dates should be considere | d and the reasons for the cha                      | ange.              | Yes          | No      |

I have notified the applicant of the possibility of a change of dates.

| ••  | • •  |                                      | -                           |  |  |
|---|--|--------------------------------------|-----------------------------|--|--|
| Are the applicant's plans for hi Explain. | e the applicant's plans for his/her graduate students and postdocs acceptable? |                                      |                             |  |  |
|   |  |                                      |                             |  |  |
| AIR/DIRECTOR/DEAN COM                     | IMENTO.  |                                      |                             |  |  |
| IIR/DIRECTOR/DEAN CON                     | IMENIS.  |                                      |                             |  |  |
|   |  |                                      |                             |  |  |
|   |  |                                      |                             |  |  |
| RECOMMENDATION                            | POSITIVE   | NEGATIVE                             |                             |  |  |
|   |  |                                      |                             |  |  |
|   |  |                                      |                             |  |  |
| Electronic Signature of the Ch            |  |                                      | and the second section      |  |  |
| In the event that an electronic signat    | ure is not available, please print this  | page, sign it and append a scanned v | version to the application. |  |  |
| Name (BLOCK Letters, if not us            | sing an e-signature)   |                                      | not using an e-signature)   |  |  |

\*Deans of small Faculties -- PART 2, SECTION 1 finalizes this staff member's application.

You may now submit the completed application to the Office of the Provost & Vice-Principal (Academic). Deans of Faculties with departments can submit their approval in Workday via comments.