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.				
c)	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? 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? 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 Faculites -- 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 Faculites with departments must complete PART 2, SECTION 2.