# APPLICATION FOR RESEARCH AND STUDY LEAVE 2024-2025

Read the [RSL Policy and guidance](https://www.otago.ac.nz/humanresources/working-at-otago/leave-and-holidays/research-and-study-leave) before completing this form.

Applications for Research and Study Leave must reach the PVC’s office by 1 April 2024. Check with your Head of Department about their own due dates.

## APPLICANT DETAILS

|  |  |
| --- | --- |
| Name |  |
| Employee number |  |
| Position Title |  |
| Department |  |
| School |  |
| Division |  |
| Email address |  |
| FTE |  |

## PERIOD OF RSL

RSL is based on 365 days of leave eligibility for each septennium. This means that weekends and public holidays must be included in the calculation of your period of RSL.

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| --- | --- |
| Start date of RSL |  |
| End date of RSL |  |
| Date of return to normal duties |  |
| Total RSL days requested  |  |
| **Number of Annual Leave days included**  |  |
| If your RSL is 91 days or more, find the appropriate number of incorporated Annual Leave days in the Schedules in section 25 of the RSL Policy. The incorporated Annual Leave period will be deducted automatically by Payroll Services at the start of the RSL period. |
| Part-time staff members seeking full-time RSL |  |
| Provide details here if you are part-time and taking the option to request RSL on full-time pay with a proportionate reduction in the period of eligibility (see sections 6 and 20 of the RSL Policy). |

## MAIN LOCATION OF RSL

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List the main location(s) of your proposed leave, including names of the main host institutions.

This information may be shared with the Division of External Engagement. The Division of External Engagement may contact you as part of planning for alumni events or other University functions.

## OBJECTIVES OF RSL

Provide a list of the main objectives for your proposed RSL and a justification for your proposal.

* Explain the benefit to the University by noting likely research projects, publications, and other benefits to research/professional practice, teaching, service and external engagement.
* Explain why this work cannot be achieved during the normal course of the academic year.

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| Description of objective | Benefit/justification |
| Objective 1: |  |
| Objective 2 |  |
| Objective 3: |  |

## PROPOSED ITINERARY

The statement should include (in chronological order and covering the whole period of absence) precise dates, locations and activities, referring to your objectives.

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## ELIGIBILITY FOR RSL

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| RSL Anniversary DateThe anniversary of your appointment to the RSL-eligible position that falls before or on the start date of the requested RSL. |  |
| Number of days eligible at Anniversary Date |  |
| RSL Financial Support eligibility at Anniversary Date |  |

### Breaks in service or periods of reduced FTE

If you have had breaks in service (e.g. Leave Without Pay) or periods of reduced hours, please give details.

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## PREVIOUS RSL

If this is your first application for RSL, you do not need to complete this section.

### Brief list of previous periods of RSL

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| --- | --- | --- |
| Start date of Leave | End date of Leave | Main location |
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### Update on RSL report

You will have submitted a report three months after your most recent RSL. You should attach that report and give an update below of the benefits resulting from that RSL since the time of your report. Include (or attach your CV with highlights to show) a list of items arising from the last RSL.

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## COVERING RESPONSIBILITIES DURING RSL

### Postgraduate students

List all PhD, Masters and other postgraduate students whom you supervise, and state the alternative arrangements for supervising them in your absence. You must identify another staff member who has agreed to act as mentor/counsellor for each postgraduate student during your absence from your usual campus, even though you may be intending to continue academic supervision via email or other forms of communication.

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### Other university duties

List your other responsibilities and explain how they will be covered during your absence (for example: course advising, committees, departmental tasks). Also list any responsibilities that you will continue to undertake during the leave.

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## FINANCIAL SUPPORT

### Request for RSL Financial Support

List items plus expected amount and attach quotes.

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| **Expenditure item** | **Amount** |
| Travel Insurance (compulsory if travelling overseas) |  |
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|  |  |
|  |  |
| Total cost of RSL |  |

 Consult the [Travel and Travel-related Costs Policy](https://www.otago.ac.nz/financialservices/reference/travel/) when planning your travel.

### Other financial assistance

Provide details of any internal or external funding that is confirmed, or for which you intend to apply. (For example: scholarship, bursary, stipend, award, travel grant, conference funding, research grant, ‘S’-Account funds)

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| **Expected funding source** | **Amount** |
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| Total other financial assistance available |  |

### Accompanying family members

If you are seeking financial support towards the costs of family members accompanying you on the leave, list their names.

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## JOINT CLINICAL STAFF MEMBERS

Where the applicant is a member of the Joint Clinical staff, a statement must be attached from the appropriate manager in Te Whatu Ora. See section 17 of the RSL Policy for information about other requirements.

Joint clinical staff members may be required to revert to their full-time University salary while on RSL – please ensure that FTE is clarified in Section 2 of this application.

## RESEARCH-FUNDED STAFF

Where the applicant’s position within the University is funded by an external source, a statement of support is to be attached to confirm the agreement to meet salaries and RSL financial support or an equivalent commitment from the University cost centre head.

## APPLICANT DECLARATION

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| In submitting this application for RSL, I confirm that I have read and accept the terms and conditions of the Research and Study Leave Policy and the Travel and Travel Related Costs Policy and have provided accurate information in this application. In particular:* I acknowledge that the Vice-Chancellor has the right to amend, extend or rescind any or all of the RSL Regulations at any time as they see fit. Accordingly, if leave is granted to me it shall be governed by the RSL Policy in force at the date of commencement of the leave.
* I confirm accept the provisions laid down in Section 23 "Conditions of Leave - Repayment of Allowances of the RSL Policy.”
* I confirm that that I have declared all financial assistance from outside sources in this leave application.
* I acknowledge that the appropriate number of days of Annual Leave will be deducted by Human Resources, in accordance with the Schedule in section 25 of the RSL Policy, if my RSL is 91 days or more.

Applicant's Signature: Date: |

## HEAD OF DEPARTMENT STATEMENT

Heads of Department are expected to provide a detailed statement to confirm:

* the merits of the objectives for the proposed leave
* that the proposed itinerary and activities are appropriate and the costs are reasonable
* that the staff member has achieved the goals of a previous RSL and demonstrated an appropriate standard of performance in teaching, research and service.
* that the Department can sustain the staff member’s absence, by verifying the arrangements set out in Section 8 (Covering Responsibilities during RSL).

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| Head of Department comments:Head of Department signature:Date: |

## **DEAN STATEMENT (if applicable)**

Provide any comments on applicant's proposed leave programme.

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| Dean comments:Dean signature:Date: |

## **PRO-VICE-CHANCELLOR ENDORSEMENT**

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## Application documentation

The application for RSL consists of:

1. This application form, endorsed by HoD (and Dean in Health Sciences)
2. University of Otago Curriculum Vitae, highlighting items arising from last RSL
3. Copies of invitation letters from institutions you plan to visit
4. Quotes or estimates (e.g. for travel, accommodation) to support your request, if you are applying for financial assistance

and, where applicable:

1. Report from previous RSL
2. Support letter from your clinical employer, if you are a Joint Clinical staff member
3. Support letter from your funder, if you are a research-funded staff member.