

# BCGEU LONG-TERM ASSISTED PD LEAVE ARTICLE 18.16

## APPLICATION FORM

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Current Position: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

### Number of Weeks Requested for Leave:

*(If leave is split up over the year, please specify exact weekly breakdown)*

Start Date(s): \_\_\_\_\_ End Date(s): \_\_\_\_\_

Number of days/weeks: \_\_\_\_\_

### Alternate Timeframes of Shorter Duration Which may be Manageable:

*(If total number of weeks are not available)*

Start Date(s): \_\_\_\_\_ End Date(s): \_\_\_\_\_

Number of days/weeks: \_\_\_\_\_

### Detailed Description of Planned Assisted PD Leave Activities:

Location of Activity: \_\_\_\_\_

### Detail of Prior Study, Work or Research Related to Proposed Assisted Leave Activity:

*(Include nature and dates)*

**Please Outline, in Detail, your Views of How the Planned Assisted PD Leave Activities or Accomplishments may Affect:**

- a) Your instruction/interaction to and with students;
- b) Your continued employment at VIU;
- c) The operation of the department in the future;
- d) Your future career plans at VIU;
- e) Other

Attach any additional information you feel may be relevant to your application.

*I understand the Committee may require a personal interview with the candidates, or the short-listed candidates only, to review and clarify this information and/or seek additional relevant information.*

*I have read the 'Fact Sheet' concerning BCGEU Assisted PD Leaves.*

*I have consulted with my Program Chair for planning purposes.*

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Applicant Signature

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Date

**Senior Administrator's Remarks:** *(Dean, Director or Regional Campus Principal)*

Please comment on the instructor's statements, if any, which refer to the benefit of assisted PD leave proposal to department/program operations.

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Senior Administrator's Signature

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Date

**Hard copy submissions: Completed form to the Human Resources Department**

**Electronic submission: Email completed form to [ER@viu.ca](mailto:ER@viu.ca)**