Unauthorized travel or exchange of TA duties to facilitate time away from campus during the Fall and Winter academic terms can be grounds to receive a reduced teaching evaluation rating.

This form should be used by any graduate student with a Graduate Teaching Assistantship appointment for any travel that overlaps any days that the University is open between the first day of Fall Term and April 30 of the following year. This form need not be used for time off due to illness or emergency travel.

For conference and vacation travel, submit the completed form with signatures from the student, supervisor and lab coordinator to Anita Weiler (W4-39A) no later than 4 weeks before the first day away.

Further information can be found in the Graduate Student Assistantship Collective Agreement. Article 14: Vacation on the HRS website: http://www.hrs.ualberta.ca

Article 14: VACATION
- 14.01 Graduate Assistants are entitled to one week of vacation leave without a reduction in pay for each four-month University Term (i.e. September 1 to December 31, January 1 to April 30, May 1 to August 31).
- 14.02 Vacation must be approved in advance by the Graduate Assistantship Supervisor and Department Chair (or designate) and must be arranged so as not to adversely affect the duties of the Graduate Assistant.
- 14.03 Graduate Assistants may not carry forward unused vacation time from one four-month University term to another, without the advance written consent of the Appointing Officer, the Graduate Supervisor and all relevant Graduate Assistantship Supervisors. In some cases, vacation carry forward may not be allowed based on the funding source.
- 14.04 Vacation entitlement is in addition to days when the University is closed.
- 14.05 There is no vacation pay on contract expiry or termination in lieu of vacation time not taken.

Dates of time-off. First day away: ___________________________ First day back: ___________________________

Purpose of travel: Conference

Conference name and location: ___________________________

Vacation

___________________________________________________________________________________________________________________________

Student Name (print) Signature Date

Lab Coordinator Name (print) Signature Date

Departmental Approval

___________________________________________________________________________________________________________________________

Assoc. Chair, Grad Studies (print) Signature Date