## N·S·C·A·D UNIVERSITY AUTHORIZATION OF COURSE RELIEF / DEFERRAL OF RESPONSIBILITIES FORM (one form per relief)

Administration at lea	ast 30 days in ad	lvance of the st	art of term.	nic Affairs and the VP		
TYPE OF REQUEST			☐ Deferral		Relief	
EMPLOYEE IN	FORMATIO	ON				
Name:			Rank/Title:			
<b>Division:</b>	<u> </u>					
DETAILS OF C	OURSE RE	LIEF/DEFI				
Date of Request			Semester	Fall W	inter Summer	
			Year(s)			
Reason For Relief/Deferral: Chair position Program Review Union President						
SHRC Research Grant Other / Alternate Assignment (Please Explain)						
How will this leave affect your Division: (Please Explain)						
Relevant Collective Agreement Article Impact of the leave on your Dept						
Article #			Hire Replacement			
Al ticle ii				Colleague Coveras		
DEFERRAL:			Agreement to defer course assignmen			
Deferred From:						
Deferred To:						
Budget Account	:					
Budget Approval: (int.) Budget \$						
Employee Signature:						
<b>1</b> •		earch shall co	nsider on a case	by case basis, written	requests from the	
					er bonifide reason. In the	
event that a course relief is given in order that a program review take place, or other bonifide justification, and that justification does not occur, the Administration reserves the right to revise that course relief after discussion						
that justification do with the Division C		ie Administra	tion reserves the	e right to revise that co	urse relief after discussion	
with the Division C	nan.					
Employee:			Date:			
For Internal Use	e Only:					
APPROVAL:						
Division Head/Chair/Director			Date:			
Dean/Provost VP:			Date:			
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Budget Approve	d:					
Finance Officer:				Date:		

**Approved Forms: CC: Office of Academic Affairs, OPF, Human Resources, Finance Dept** G:\Human Resources\FORMS\AUTH FORM COURSE RELIEF OR DEFFERAL.doc