

**Request for Research Grant in Lieu of Salary
(University Research Grant)**

Application Form

Date:		Department:	
Name:		Faculty:	
Telephone:		E-mail:	

I hereby request that Western University approve payment to me of a Research Grant in the amount of \$_____ for the period _____ (insert start date*) to _____ (insert end date) in lieu of a portion of my regular salary.

I acknowledge a Research Grant is intended to cover research related expenses for a specific research project where the research to be undertaken is beyond what is ordinarily expected of me under my terms of employment. I have made the necessary arrangements respecting academic responsibilities to allow me to conduct the proposed research project. The details of the specific research project that I propose to undertake are in the application attached to this letter which indicates approval by my Dean.

I confirm that the amount of the Research Grant requested does not reduce the salary I receive below the Year's Maximum Pensionable Earnings under the Canada Pension Plan.

I understand that my base salary will be reduced by the amount of the Research Grant that is approved and the amounts paid as a Research Grant will be paid in equal monthly installments as T4A income not subject to deductions.

I confirm that I am responsible for claiming research related expenses on my personal income tax return and that I anticipate my deductible research related expenses in respect of which this request is made will meet or exceed the amount of the Research Grant for each calendar year. I understand that any expenses in excess of the Research Grant are not tax deductible and will not be reimbursed by Western.

I accept responsibility for any liabilities that result from making payment in accordance with this request and, in the event of an unfavourable decision by the Canada Revenue Agency, agree to indemnify the employer for damages arising, as outlined in the Faculty Collective Agreement, *Compensation and Benefits* article, clause 52.4 and I hereby authorize the employer to recover such damages through payroll deduction.

I have read, understand and accept the terms and conditions set out in the *URG Terms and Conditions Information Sheet* and confirm that this request complies with the terms and conditions set out therein.

Name of requesting party		Date:	
Witness signature		Date:	
Dean's signature		Date:	

*This date must be at least 30 days later than the date the notice is given to the Dean.

cc. Dean
cc. Human Resources (Payroll)