

Natural Sciences and Engineering Research Council of Canada

Social Sciences and Humanities Research Council of Canada Instituts de recherche en santé du Canada

Conseil de recherches en sciences naturelles et en génie du Canada

Conseil de recherches en sciences humaines du Canada

## SEND THE COMPLETED FORM TO THE AUTHORIZED INSTITUTIONAL OFFICE RESPONSIBLE FOR ADMINISTERING THE INSTALMENT

## Request for deferment of start date or interruption of award

| Part 1: AWARD HOLDER INFORMA                                                                                                                                                                                                                                              | TION               |                                   |                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------|----------------------------------|
| Family name                                                                                                                                                                                                                                                               |                    | Given name and initial(s)         |                                  |
| Email address                                                                                                                                                                                                                                                             |                    | Telephone number                  |                                  |
| Mailing address                                                                                                                                                                                                                                                           |                    |                                   |                                  |
|                                                                                                                                                                                                                                                                           |                    |                                   |                                  |
| Part 2: AWARD AND INSTITUTION INFORMATION                                                                                                                                                                                                                                 |                    |                                   |                                  |
| ··· CIHR                                                                                                                                                                                                                                                                  | ··· NS             | ERC                               | ·· SSHRC                         |
| Type of award                                                                                                                                                                                                                                                             | Application number |                                   | Committee number (NSERC only)    |
| Faculty/department                                                                                                                                                                                                                                                        | Institution        |                                   | Research institution (CIHR only) |
| Part 3: REQUEST(S)                                                                                                                                                                                                                                                        |                    |                                   |                                  |
| I hereby request:                                                                                                                                                                                                                                                         |                    |                                   |                                  |
| to <b>defer</b> the start date of my award for a period of months, from (current, anticipated start date) to (new, requested start date), for the following reason:                                                                                                       |                    |                                   |                                  |
| Parental Medical Family-related responsibilities Relocation, visa application or academic calendar differences Relevant work experience Force majeure Administrative reasons                                                                                              |                    |                                   |                                  |
| an <b>unpaid interruption</b> of my award for a period of months, from (start date) to (end date), for the following reason:                                                                                                                                              |                    |                                   |                                  |
| Parental Medical Family-related responsibilities Relocation, visa application or academic calendar differences Relevant work experience Force majeure Administrative reasons                                                                                              |                    |                                   |                                  |
| paid parental leave for a period of months, from (start date) to (end date) mm/dd/yyyy mm/dd/yyyy  I will be the primary caregiver for the duration of the interruption. I understand that proof of birth or adoption must be submitted.                                  |                    |                                   |                                  |
| ☐ The actual or expected date of birth or adoption is:                                                                                                                                                                                                                    |                    |                                   |                                  |
| Signature of award holder: Date: mm/dd/yyyy                                                                                                                                                                                                                               |                    |                                   |                                  |
| Part 4: CONFIRMATION OF APPROVAL (to be completed by the award holder's supervisor and an authorized institutional official)  I confirm that I have discussed the proposed deferment or interruption indicated in Part 3 with the award holder and I approve the request. |                    |                                   |                                  |
| <u> </u>                                                                                                                                                                                                                                                                  |                    | AUTHORIZED INSTITUTIONAL OFFICIAL |                                  |
| Title:                                                                                                                                                                                                                                                                    |                    | Title:                            |                                  |
| Name (print):                                                                                                                                                                                                                                                             |                    | Name (print):                     |                                  |
| Signature:                                                                                                                                                                                                                                                                |                    | Signature:                        |                                  |
| Date: mm/dd/yyyy                                                                                                                                                                                                                                                          |                    | Date: mm/dd/yyyy                  |                                  |