



THE UNIVERSITY OF BRITISH COLUMBIA

Extraordinary Expenses for Grant and Contract-Funded Employees (Policy FM7): Request for Reimbursement

Non Tri-Agency

Step 1: Complete Employee and Grant-holder Contact Detail:

For claims related to severance/working notice: Please indicate the name of Employee, ID, salary, the current PG for which salary expenses are paid from, and including your contact information.

For claims related to general illness or sick leave: Please indicate the name of the Employee, ID, salary the PG for which salary expenses due to illness or sick leave were paid from, and including your contact information.

A. Name of Employee

Employee I.D. # _____

Current Annual Salary (\$) _____

Salary Expense:
*Please refer to Note on
page 2 to check if fund
source is considered Non
Tri-Agency.*

Fund	Cost Center	Program / Project / Gift / Gift Initiative / Grant / Activity
1		
2		
3		
4		

B. Grant-Holder Name

Email and Phone # _____

Department/Unit _____

Step 2: Reason for Request for Funding (please check one ☒):

☐ **Payment for Severance or Working Notice**

Please supply the following documentation and information related to the financial status and future of the grant(s) or contract(s) in question. Copies of any layoff/working notice(s) and related documents would be beneficial to avoid delays in payment.

- ☐ Letter from granting agency that funds have been discontinued or reduced
- ☐ Length of severance or working notice period:

Start of severance/notice period: _____

End of severance/notice period: _____

- ☐ Portion of the severance or working notice period that EEF funding is being requested for
- ☐ Confirmation that alternate funding sources are not available to fund the severance or working notice period requested
- ☐ Severance or working notice agreement letter with terms outlined and signed off by employee

☐ **General Illness or Sick Leave**

Please apply only if the short term paid sick leave has been exhausted and is longer than one-month. Include dates of paid short-term sick leave (not to exceed six months).

Start of short-term sick leave: _____

End of short-term sick leave: _____



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Maternity/Parental/Adoption SEB Top-up

*For Maternity/Parental/Adoption SEB Top-up, please **do not complete this application**.*

Once you submit the appropriate appointment form information to Payroll, any top-up benefits will automatically be paid from the extraordinary expense funds.

For Postdoctoral fellows, please complete the [Maternity/Parental/Adoption Leave Application form](#) and submit to your department administrator.

Step 3: Submit Form, Supporting Documents, and Sign-off

- Complete, sign and attach supporting documents to the form and submit to:
Janet McHugh, Benefits Administrator
janet.mchugh@ubc.ca
- Human Resources will review your completed form and supporting documentation to determine if funding is approved and will forward to Payroll for reimbursement. Payroll will confirm with the Researcher or Grant Holder the approved reimbursement with a copy of the Journal Number or confirming change in salary expense to be paid from the extraordinary expense fund.
- For any questions regarding your request for funds or the extraordinary expense fund: Policy FM7 – [Contract Employees Fund](#) (formerly Policy #86) please contact Janet McHugh at 604-822-6823 or janet.mchugh@ubc.ca.

Signature of Grant Holder

Date

Non Tri-Agency Fund Codes

- FD200
- FD220
- FD300
- All other Funds (excluding FD200, FD210, FD220, FD300) **

** Applies to Postdoctoral Fellows (employees and award recipients) only

For use by Human Resources and Payroll (Financial Services)

Approval: Human Resources <i>(Print Name & Signature)</i>	Date
Reimbursement Completed: Payroll (Financial Operations) <i>(Print Name & Signature)</i>	Date