



Extraordinary Expenses for Grant and Contract-Funded Employees (Policy # 86): 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 (a) on page 2 to check if fund source is considered Non Tri-Agency.*

Fund	Speed Chart	Fund Code	PG
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:

Extraordinary Expense Fund Request

C/O UBC Human Resources: Janet McHugh, Benefits Administrator
6th Floor – TEF III
6190 Agronomy Road
Vancouver, BC V6T 1Z3

- 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 Voucher (JV) 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 #86) please contact Janet McHugh at 604-822-6823 or janet.mchugh@ubc.ca
 - Link to policy: <http://www.universitycounsel.ubc.ca/policies/policy86.pdf>

Signature of Grant Holder

Date

Non Tri-Agency Fund Codes

- E0000 to E9999**
- G0000 to G9999**
- R0000 to R0016
- R0018 to R0069
- R0071 to R6999
- R9999
- S0000 to S9999

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

For use by Human Resources and Payroll (Financial Services)

Approval: Human Resources (Print Name & Signature)

Date

Reimbursement Completed: Payroll (Financial Operations)
(Print Name & Signature)

Date