Faculty Member Request for Funding   Men-Gurion Universit						ersity of			
Advanced Studies  Senior Academic Staff Member Senior and Junior Clinical Staff Member Doctoral Students and their Equivalents Special Populations Please mark your choice. See detailed list of population types in Addendum A, at the end of this form.						Rector's Office:  nesiot@bgu.ac.il Tel. 08-642-8418 Applications for Scholarship Recipients: nuonuo@bgu.ac.il Tel- 08-646-1224			
the course. Ple with an attach	ease attach releva ed translation on	nt academic d ly.	documentatio	on confirming	he <u>Center for Professional Develo</u> g g the trip in Hebrew/English for t	he trip. Docume	nts in other language		
Name	Surnar	ne	I	D no	Faculty				
Department/Insti	itute/Division_		Additiona	l Departm	ent	Tel. in D	epartment		
Cellphone		Email_							
Departure D	ate			Retu	ırn Date				
			Trip D	<b>Destina</b> t	tions and Purpose	es			
Following are the details of the destinations and time periods. (Please attach academic relevant academic documentation as indicated in the addendum below.)									
Total \$US amount requested per destination	Sum requested in \$US (Provide details only if you are requesting reimbursement prior to the trip.)  car meals lodging flight		Purpose conference/seminar/course/ research – meeting/library/ study tour	To (Date)	From (Date)	Country of Destination			
	car	incais		mgnt					
Total									
Total sum requested (Please fill in the budget clause number and the required sum and the signature of the person in charge of the budget.)									
For "teaching colleagues" only: Is this your first trip of the current academic year? yes/no (please mark one)  If you answered "no," please add the dates of your last trip here. From (date) to (date)									

Total sum requested:(If you are requesting reimbursement prior to the trip, please												
attach a li	st of expe	nses.)										
Sum reques	ted from th	e Central F	und for Adv	vanced S	tudy	\$						
for Scholarship Students												
Sum request	ted from the	Fund for I	nternational	Scientific	•	\$						
Cooperation	1											
Sum requested from other budgets												
			Reque	sted								
	Order no.:											Budget clause no.
	no.: (currency):  Date: Approved									mp an		
	sum:		n:					signature of the person who approves the budget				
O	order no.:		Reque sur (currer	n								Budget clause no.
	Date: Approved sum:		ved				Stamp and signature of the person who approves the budget					
1			1	1.	41 D	1	4.					
A	rrangement	ts for substit	Ap tute teacher (	plicant	t'S <b>D</b> ( e perio	<u>eclara</u> od of the	<u>tt101</u> e trip	n o. Teac	ching	Not	Teachi	ng
Substitution	n Arrangement r date of make-	(name of	Tim		Day Course Title							
					1							
					1							
Arrangements for substituting in exams during the period of the trip. I have an exam. I do not have an exam.						have an exam.						
Exam sittings			Le	Lecturer/Substitut Date of Exam			Course Title					
First sitting-exc	eptional/Second	sitting/Special	Sitting									
First sitting-exceptional/Second sitting/Special Sitting												
First sitting-exceptional/Second sitting/Special Sitting												
Trip Details Yes			Yes			•		No	•			
1. Course (not a conference) research/library on your teaching days												
2. Trip longer than a week on your teaching days												
3. More than one trip in a semester on your teaching days												
4. Absence from exams (first sitting)												
Please note that if you marked "yes" in one of these clauses, your request is defined as "exceptional" and thus requires the signature of the relevant faculty dean or head of institute.												

For all faculty members and applicants:  "I hereby declare that all of the above is true. I undertake to act in accordance with the instructions of the Security Department, to fulfill all my obligations regarding the arrangements concerning substituting, teaching make-up lessons, and examinations, and to submit within 30 days of my return to Israel an expense report together with receipts for lodging, boarding passes or electronic tickets, and receipts for other expenses to the Foreign Currency Section of the Finance Department. I know that any amount I received and for which I did not submit receipt will be deducted from my salary and returned to the fund from which it was taken. I hereby declare that I am not receiving funding from another academic institution."  "I also declare that I am aware that the University does not insure me with medical insurance (including road accident insurance) and confirm that I have been advised to have medical insurance from the moment I board the plane in Israel until the moment I return to Israel and throughout the travel period, which will include at least evacuation to a hospital, medical flights within the continent and to Israel, payment of hospitalization suppresses, including payments to physicians, intensive care surgeries, ambulatory care, examinations, x-rays, and medications during hospitalization, medical expenses outside of those incurred during hospitalization and which a qualified physician determined were necessary, including: payment to a qualified physician, examinations, x-rays, and prescription medications, dental care expenses as required as a result of accidental events and emergency treatment."  In the event that the sections listed below are relevant to you - please check the boxes accordingly:    For scholarship students only: "In the event that I do not receive a salary from the University, I hereby undertake to return the full amount as required for any amount I received and for which no receipts have been submitted as stated above." If I am employe	
Date Applicant's Signature	

Supervisor's recommendation: [	Recommend to approve	Recommend not to approve					
Supervisor's Name	Date	Signature					
For all students and faculty members, with the	exception of clinical staff members: approv	val of the head of department					
	of the Division Head / Head of the Institute - So	oroka Medical Center / Director of Barzilai					
Hospital / Director of the Psychiatric Hospital  Heads of the divisions and institutes require the approval of the director general of the medical center.							
Please check relevant box (you may check more than one):							
☐ I confirm that I have checked the relevant attached documents, and that the trip is necessary to maintain							
the professional level of the faculty	member and is part of his academic	c program.					
☐I am responsible for all arrange	ments for substitutes in teaching and	d examinations being made.					
For special populations only (a p	oerson who is not a regular appoint	nent holder): I hereby confirm that					
the trip does not constitute part of	my salary.						
Please explain the reasons for t	the trip and the contribution it w	vill make to the University:					
Name and Surname	Position						
Signature	Date						
Approval of the Dean	Director of Institute (in the case of a trip by	a head of department or in the case of an					
Comments:							
☐ Approve ☐ Do not approve							
Name and Surname Signature of the Dean or Head of Institute							
Date  Approval of the Rector (in the case of a trip of dean/deputy rector only)							
	ase of a trip of the Rector or one of the v	ice presidents)					
Comments:							
☐ Approve ☐ Do not approve							
Name and Surname Signature of the Dean or Head of Institute							
Date							

- Request for -----

## Funding for Advanced Academic Studies for Faculty Members and Advanced Studies Students

Who is required to request funding for advanced studies?	Procedure
Senior faculty members Senior clinical staff members Faculty members comparable to researchers Junior faculty members in the parallel track Junior clinical staff members Social workers with academic appointments	The application will be handled by the Coordinator of Advanced Studies Abroad - see the guidelines of the Fund for International Scientific Cooperation in the Senior Staff Directory: <a href="http://in.bgu.ac.il/hr/Pages/seniorguidehebrew.as">http://in.bgu.ac.il/hr/Pages/seniorguidehebrew.as</a> <a href="mailto:px">px</a> as well as the regulations regarding advanced studies on the Senate site
Scholarships for master's, PhD, and postdoctoral fellowships without an academic appointment and requesting assistance from the Central Fund for Scholarship Students  Doctoral candidates with an academic appointment requesting assistance from the Central Fund for Scholarship Students	The application will be handled by the Office of the Academic Secretary – see the instructions at:  http://in.bgu.ac.il/acadsec/Pages/study_fund.aspx  Please contact Ayala Angada at: click here or by phone: 08-646-1224  Please note:  •The Central Fund for Scholarship Students provides \$ 65 for expenses per day, excluding expenses for vehicles, hotels, and so on  •The Central Fund for Scholarship Students only approves travel to scientific conferences in which the applicant's research is presented.
Adjunct teachers who are employed with a personal contract including clinical students without a subscription external consultants and "teaching colleagues" teaching assistants, doctoral students and postdoctoral fellows Without an academic appointment and who do not seek assistance from the Central Fund for Scholarship Students. Volunteers	The application will be handled by the Coordinator of Advanced Studies Abroad - see instructions for those travelling abroad:  http://in.bgu.ac.il/finance/DocLib5/info_brochure abroad.pdf

## **General Instructions for All Faculty Members:**

• When you go to the conference, you must specify the nature of your participation in the conference (invited lecturer, lecturer, organizing committee member, chair, poster, participant, etc.) And attach the following documents:

- o Conference program (if available)
- o Formal confirmation of the conference with details of its dates and location
- "Teaching colleagues" and scholarship students seeking support from the Fund will attach the following:
  - o Abstract of lecture/poster to be presented at the conference
  - o Confirmation from conference organizers that the lecture or poster was accepted for presentation at the scientific conference
  - o Conference program (if available)
  - o Formal confirmation of the conference with details of its dates and location
  - o Formal confirmation of the registration fees for the conference.
  - Receipt for payment of a flight ticket or a pro-forma invoice for an airline ticket and port taxes from the companies that won the university tender, as detailed in the link:

http://in.bgu.ac.il/finance/Pages/tourism-companies.aspx

## For research work carried out without partners (such as a library/archive or fieldwork), please attach:

- A form detailing the research personnel, the location of the activity, and its dates that will include a statement confirming that the researcher will devote most of his/her time to the research, including the approval of the supervisor/head of the department. The form:
   <a href="http://cmsprod.bgu.ac.il/NR/rdonlyres/F9C458EC-9A83-4648-8E4A-C4B32EB77ADA/0/continuing\_education\_program\_addition.rtf">http://cmsprod.bgu.ac.il/NR/rdonlyres/F9C458EC-9A83-4648-8E4A-C4B32EB77ADA/0/continuing\_education\_program\_addition.rtf</a>
- For meetings with partners/workshops/seminars/advanced study courses/study meetings or tours, an official invitation must be attached with dates and details of the purpose of the meeting.
- Relevant instructions from the Income Tax Department appear in a foreign booklet on the website of the Finance Division: <a href="http://in.bgu.ac.il/finance/DocLib5/info\_brochure\_abroad.pdf">http://in.bgu.ac.il/finance/DocLib5/info\_brochure\_abroad.pdf</a>
- You are requested to read the instructions of the Security Department for those traveling abroad and it is your duty to act in accordance with them. The information appears on the internet site of the Security Department: **click here**