



Application for Fellowship Leave

Instructions for Applicant: Please complete Sections I, II and III of this form and submit to your department chair by the appropriate deadline.

- Applications for 80% Fellowship Leaves beginning in the Fall 2017 or Spring 2018 semester must be submitted to the department chairperson no later than **September 30, 2016**.
- Applications for Full-Pay, One-Semester Fellowship Leave for Fall 2017 or Spring 2018 must be submitted to the department chairperson no later than **December 14, 2016**.

Instructions for Department Chairperson: Please complete Sections IV and V, noting the recommendation of the department's Appointments Committee. Along with a completed cover sheet, approved applications must be submitted to Human Resources Services, 1231 Boylan Hall, no later than October 14, 2016 for 80% leaves or January 4, 2017 for full-pay leaves.

Applications will be reviewed by Human Resource Services and the Associate Provost for Faculty and Administration. Following the endorsement of the College-wide Personnel and Budget Committee and the recommendation of the College President, approved Fellowship Leave applications will be reported to the Board of Trustees.

Eligibility: Tenured members of the permanent instructional staff, including those holding the title Lecturer with certificates of continuous employment, who have completed six years of continuous paid full time service with the University exclusive of non-sabbatical or fellowship leave, shall be eligible for a fellowship award. Individuals in professorial titles who are on leave from the title Lecturer with a certificate of continuous employment shall be eligible for a fellowship award.

Purpose: Application for a Fellowship Leave may be made for research (including study and related travel), improvement of teaching, and/or creative work in literature or the arts.

Duration: Application may be made for a Fellowship Leave for (1) a full year leave at 80% of the bi-weekly salary rate, (2) a one-half year at 80% of the bi-weekly salary rate, or (3) one-half year at full pay.

I. Personal Data

Name: _____ Title: _____ Empl ID: _____

Department: _____ College: Brooklyn College

Date of Tenure: _____ or Date of CCE:* _____ * Applies to individual serving in title of Lecturer with CCE and to an individual on leave from the title of Lecturer with a CCE who is serving, without tenure, in the title of Assistant Professor, Associate Professor or Professor.

Date of initial appointment to the University: _____

Date of appointment to current title: _____

Address: _____ Telephone: () _____

City: _____ State: _____ Zip Code: _____ E-mail: _____

Indicate dates and purpose of all previous leaves taken during the prior ten (10) years. Attach pages, as necessary.

Date from: _____ Date to: _____ Purpose: _____

Date from: _____ Date to: _____ Purpose: _____

II. Fellowship Leave Information

A. Duration and dates of the proposed leave

- Full year at 80% of biweekly salary rate Semester 1: _____ Semester 2: _____
- Half year at 80% of biweekly salary rate Semester: _____
- Half year at full pay Semester: _____

B. Briefly describe the purpose or purposes of the proposed Fellowship Leave. (Attach additional pages, as necessary)

- Check all that apply: Research (including study and related travel)
- Improvement of Teaching
- Creative work in literature or the arts

C. Briefly describe any activities which you have undertaken and/or completed to date in conjunction with the proposed Fellowship Leave (Attach additional pages, as necessary)

- None

D. List the location(s) where the activities associated with the proposed Fellowship Leave will occur (Attach additional pages, as necessary)

E. Outside sponsorship and/or service (Attach additional pages, as necessary)

Will any of the activities associated with the proposed Fellowship Award be sponsored or facilitated by an institution other than The City University of New York?

- Yes No

If yes, please name the institution(s) and describe the nature of the sponsorship or facilitation (i.e., laboratory privileges, use of private archives or collections, collaboration with staff, etc.)

Do you anticipate performing a service for any institution other than The City University of New York during the proposed leave?

Yes No

If yes, please name the institution(s), describe the service which you anticipate performing and state the nature and amount of any compensation which you expect to receive for performing such service:

List the nature and amount of any funding for the proposed Fellowship Leave (other than your University salary and personal resources) which you have been awarded or for which you have applied or intend to apply:

None

III. Attestation of Applicant

I acknowledge the following:

1. Fellowship Award applications are processed in accordance with the policies of the Board of Trustees of The City University of New York and the Agreement between the Professional Staff Congress and the City University of New York.
2. The information provided is accurate. Should the stated purpose of my leave change, or become unable to be accomplished, even if I have commenced the leave, I shall immediately notify the president in writing. Should the president determine that the purpose of the leave is no longer served, the leave may be terminated, with the assignment of appropriate duties at the college, or other appropriate action.
3. Should I be awarded a full-year fellowship leave at 80% of the biweekly salary rate, I may, at my option, upon written notice to the president no later than October 30 or March 30, whichever is applicable, terminate the fellowship leave after one-half year. If a full-year fellowship leave is so terminated, such termination relieves the University of any obligation to further claims for the second half of the leave, but does not reduce the time period or other qualifications required for consideration for a subsequent fellowship leave.
4. By accepting a fellowship leave, I am obligated to serve at The City University of New York for at least one year following the expiration of the leave, unless that requirement is expressly waived by the Board of Trustees.
5. Within thirty (30) days following the expiration of my fellowship leave (except leave for purposes of restoration of health), I shall submit to my department chairperson a summary, in writing, of my relevant activities during the leave.
6. I acknowledge that my obligation under The City University of New York Intellectual Property Policy to disclose to the University any University-owned intellectual property extends to intellectual property that I create during this leave.
7. I understand that while on leave, employment within or outside of the University is prohibited, unless such involvement is integral to the purpose for which the leave is granted, or there is a compelling college justification, and may be engaged in only with the prior approval of the president.

Signature: _____

Date: _____

Contact Information during the Fellowship Leave:

Address: _____

Tel.: _____ e-mail: _____

IV. To be completed by the Department Chairperson

Briefly describe how the applicant's stated purpose for the Fellowship Leave is consonant with the mission of the department and the college:

How does the department intend to cover the applicant's courses and related responsibilities at the college during the period of the proposed leave?

V. Recommendations of the Department Appointments Committee

Recommend Not Recommend

Name: _____ Title: _____

Signature: _____ Date: _____

VI. Recommendations of the College Personnel and Budget (P&B) Committee:

Recommend Not Recommend

Name: _____ Title: _____

Signature: _____ Date: _____

VII. Recommendations of the President (or Designee)

Recommend Not Recommend

Name: _____ Title: _____

Signature: _____ Date: _____

VIII. Board of Trustees Action

Chancellor's University Report Date: _____

Fellowship Leave Application Supplement/Clarification

| Section 1: Basic Information | |
|---|--|
| Name | Department |
| Fellowship Leave Type <input type="radio"/> Full-year <input type="radio"/> One Semester | Leave Period (e.g., Fall 2008 and Fall 2009) |

| Section 2: Additional Employment or Outside Service | |
|--|---|
| <p>According to the Multiple Position Policy and the terms of the Fellowship Leave application, employment within or outside of the University is prohibited during the leave of absence, unless such involvement is integral to the purpose for which the leave is granted, or there is a compelling college justification, and may be engaged in only with the prior approval of the president (or designee).</p> <p>Do you anticipate performing any services or engaging in any employment activities for any institution within or outside CUNY during the proposed Fellowship Leave? <input type="radio"/> No or <input type="radio"/> Yes <i>(If yes, please complete the following.)</i></p> | |
| | Description of Activity |
| | How is this related to the project(s) described in your Fellowship Leave application? |
| | <input type="radio"/> Uncompensated <input type="radio"/> Compensated: \$ _____ |

| Section 3: Additional Compensation | | |
|---|--|--------|
| <p>Excluding the summer annual leave period, faculty on 80% leave cannot have combined compensation exceeding 125% of their regular annual salary during the Fellowship Leave period (i.e., 80% salary + 45% extra compensation). Excluding the annual leave period, no additional compensation is permissible for faculty on 100% leave.</p> <p>Including any activities already mentioned above, please list any additional compensation that you expect to receive, have applied for, or intend to apply for in order to supplement your income during the proposed Fellowship Leave period.</p> <p><input type="radio"/> I have No Additional Compensation or</p> <p><input type="radio"/> I certify my total compensation will not exceed 125% of my regular annual salary and the following are the sources of compensation in addition to my University paycheck:</p> | | |
| Description of Compensation and Source | Check one... | Amount |
| | <input type="checkbox"/> Expected <input type="checkbox"/> Applied <input type="checkbox"/> Will Apply | \$ |
| | <input type="checkbox"/> Expected <input type="checkbox"/> Applied <input type="checkbox"/> Will Apply | \$ |
| | <input type="checkbox"/> Expected <input type="checkbox"/> Applied <input type="checkbox"/> Will Apply | \$ |

I acknowledge that approval of my Fellowship Leave application is based on the information I have provided in this document and in any accompanying explanatory documents; and that any changes in that information must be reported promptly to the Associate Provost for Faculty and Administration, and could affect the status of my Fellowship Leave.

| | |
|-----------|--------------|
| Signature | Today's Date |
|-----------|--------------|