

## Fellowship Leave Application

**Eligibility:** Tenured members of the instructional staff, including those in the title Lecturer with a certificate of continuous employment (CCE), and Lecturers with a CCE, on leave from that title and serving without tenure in professorial titles (Assistant Professor, Associate Professor, Professor), who have completed six (6) years of continuous paid full-time service with the University, exclusive of non-sabbatical or fellowship leaves, are eligible to apply for a fellowship leave.

**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) one-half year at 80% of the bi-weekly salary rate, or (3) one-half year at full pay.

**Instructions:** Applications should be submitted to the Executive Officer for review and approval by the Program's Executive Committee pursuant to the deadlines established each year by the Office of the Provost. A completed application and current C.V. should be sent to the Office of the Provost for consideration by the Academic Review Committee. Prior to forwarding the application to the Academic Review Committee, the Office of the Provost will confirm with the Office of Human Resources that the applicant is eligible for a Fellowship Leave of Absence. The Provost will notify the Executive Officer of the Academic Review Committee's recommendation.

**Note: The City University of New York requires that within 30 days following the expiration of a fellowship leave, faculty must submit a report describing the work accomplished during their leave. This report should be submitted to both the Executive Officer and the Provost. The last page of this application is a report form to be filled out at the expiration of the leave.**

### I. Personal Data

Name: \_\_\_\_\_ College: \_\_\_\_\_

Program: \_\_\_\_\_

Title: \_\_\_\_\_ Date of Tenure: \_\_\_/\_\_\_/\_\_\_ or CCE\*: \_\_\_/\_\_\_/\_\_\_

\* Applies to an individual serving in the title of Lecturer with a 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: \_\_\_\_\_

Home address:

\_\_\_\_\_ Home telephone: ( ) \_\_\_\_\_  
Number/Street

\_\_\_\_\_ Office telephone: ( ) \_\_\_\_\_  
City/Town/State/Zip code

E-mail address:

\_\_\_\_\_

**II. Fellowship Leave Information**

**A. Duration and dates of the proposed fellowship leave** (check **one** only):

\_\_\_\_ Full year/at 80% of bi-weekly salary rate                      Semester 1: \_\_\_\_\_  
   Semester 2: \_\_\_\_\_  
\_\_\_\_ Half year/at 80% of bi-weekly salary rate                      Semester: \_\_\_\_\_  
\_\_\_\_ Half year/full pay     Semester: \_\_\_\_\_

**B. Briefly describe the purpose or purposes of the proposed fellowship leave:**

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:**                      None \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. List the location(s) where the activities associated with the proposed fellowship leave will occur:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. Outside sponsorship and/or service**

**Will any of the activities associated with the proposed fellowship leave 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 (e.g., laboratory privileges, use of private archives or collections, collaboration with staff):**

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

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**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 \_\_\_\_\_

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**F. Indicate the dates and purpose of any fellowship leaves taken during the prior ten (10) years:**

Dates:	Purpose:
From _____ to _____	_____
From _____ to _____	_____
From _____ to _____	_____

**III. Attestation of Applicant**

- 1. Fellowship leave applications are processed in accordance with the Bylaws and policies of the Board of Trustees of The City University of New York and the Agreement between the Professional Staff Congress/CUNY and The City University of New York.
- 2. Should I be awarded a full-year fellowship leave at 80% of the bi-weekly 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.
- 3. Should the stated purpose of my leave substantially change or become unable to be accomplished, even if I have commenced my leave, I shall immediately notify the college president in writing. Should the president determine that the purpose for the fellowship leave is no longer being served, he/she may terminate my leave and assign me to appropriate duties at the college.
- 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, I shall submit to my Executive Officer and the Provost, a summary, in writing, of my relevant activities during the leave.**

\_\_\_\_\_ Date \_\_\_\_\_  
I acknowledge the preceding statements

**Personal data during the fellowship leave**

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
\_\_\_\_\_ E-mail address: \_\_\_\_\_  
\_\_\_\_\_ Fax number: \_\_\_\_\_

**IV. To be completed by the Executive Officer**

**Briefly describe how the applicant's stated purpose for the fellowship leave is consonant with the mission of the program:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How does the program intend to cover the applicant's courses and related responsibilities at the Graduate Center during the period of the proposed leave?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Decision of the Executive Committee:**

Approved \_\_\_\_\_ Not approved \_\_\_\_\_

Executive Officer \_\_\_\_\_

Academic title \_\_\_\_\_

I attest to the decision above \_\_\_\_\_

Date \_\_\_\_\_

**V. Academic Review Committee**

Approved \_\_\_\_\_ Not approved \_\_\_\_\_

Name of Academic Review Committee Chair \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**VI. President's Recommendation**

Recommended \_\_\_\_\_ Not recommended \_\_\_\_\_

President's Signature \_\_\_\_\_

Date \_\_\_\_\_

or

Signature of President's Designee \_\_\_\_\_

Date \_\_\_\_\_

**V. Board of Trustees' Action**

Chancellor's Report Date: \_\_\_\_\_

\_\_\_\_\_





## Fellowship Leave Report Form

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**DUE WITHIN THIRTY (30) DAYS OF RETURN FROM LEAVE**

Faculty Name \_\_\_\_\_

Program \_\_\_\_\_ Date \_\_\_\_\_

Dates of Fellowship Leave \_\_\_\_\_

REPORT: