

**NEW YORK CITY COLLEGE OF TECHNOLOGY  
OF THE CITY UNIVERSITY OF NEW YORK**

**SCHOLAR INCENTIVE AWARD  
INSTRUCTIONAL STAFF**

**INSTRUCTIONS:** Staff member completes application and forwards to department chair for recommendation of the Departmental Appointments Committee. The application, if approved, is then forwarded to the executive director for human resources via the academic dean and then to the College Personnel and Budget Committee.

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
First Name Last Name

Department \_\_\_\_\_ Title \_\_\_\_\_

Retirement System \_\_\_\_\_ ERS \_\_\_\_\_ TRS \_\_\_\_\_ TIAA

Date of appointment to college \_\_\_\_\_ to present title \_\_\_\_\_  
with tenure or CCE \_\_\_\_\_

I hereby apply for a Scholar Incentive Award in accordance with the provisions of the current agreement between CUNY and the Professional Staff Congress/CUNY.

**Proposed dates of leave: from \_\_\_\_\_ to \_\_\_\_\_**

List previous leaves of absence: (for a semester or more during the past six years) including Fellowship Leaves, Leaves without Pay, etc.)

<u>PURPOSE</u>	<u>DATES</u>
_____	_____
_____	_____
_____	_____

**Statement of Purpose:** This award may be granted only to facilitate bona fide and

documented scholarly research. Please attach a detailed description of the project. Include: time of commencement, progress to date, expected completion date and/or publication date, nature of work, as well as evidence of funding.

- I. A. Applicant's preparation and significant contributions in the field of activity with which the project is concerned:

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- B. Relation of project to long-range professional objectives:

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- C. Location where project will be carried on and authorities to be consulted (if study is involved, state name and location of institution):

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- D. Arrangement for financial support (complete details must be supplied and documentation attached).

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- E. Please attach your curriculum vitae to this application.

If granted this Scholar Incentive Award, I shall continue to serve at least one full year following my return. I likewise agree to submit to the chair of the department, academic dean, and to the president, a report in writing, immediately upon my return to the college, outlining work accomplished during this period of the leave.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address during leave** \_\_\_\_\_

II. Appointments Committee Report.

A. Evaluation of Project:

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

B. Staffing Requirements. (Please be specific and indicate the effect of this Scholar Incentive Award upon the instructional needs of the department as well as the budget implications.)

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

C. After careful consideration of A and B above, the Department Committee on Appointment does \_\_\_\_\_ does not \_\_\_\_\_ recommend positive action on this request for a Scholar Incentive Award.

\_\_\_\_\_  
**Signature of Chair**

\_\_\_\_\_  
**Date**

III. Recommendation of Academic Dean/Unit Head.

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

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**Signature of Academic Dean/Unit Head    Date**

**IV. Action of College P&B Committee:**

\_\_\_\_\_Approved    \_\_\_\_\_Not Approved

**V. Action of the President:**

\_\_\_\_\_Approved    \_\_\_\_\_Not Approved

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**VI. Action of Board of Trustees:**

\_\_\_\_\_Approved    \_\_\_\_\_Not Approved

Date\_\_\_\_\_

Item No.\_\_\_\_\_

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**For College Personnel Office use:**

Date received\_\_\_\_\_

Date of notification\_\_\_\_\_

Date of submission of report upon return from leave\_\_\_\_\_

Agreement Section 25.5

