THE CITY UNIVERSITY OF NEW YORK

Application for Professional Reassignment Leave in the Libraries

Eligibility: Professional Reassignment Leaves are granted to members of the instructional staff who serve in the libraries in the titles of Professor, Associate Professor, Assistant Professor, Instructor and Lecturer.

Note: Only 50 such leaves are granted University-wide during each academic year (September 1 through August 31).

Purpose: Application for a Professional Reassignment Leave may be made to engage in research, scholarly writing, and other recognized professional activities that enhance the member's contribution to the University.

Duration: Application may be made for a Professional Reassignment Leave for a period of up to five (5) weeks, which need not be consecutive, if the nature of the project so requires.

Submission of applications will conform to the College's P & B calendar.

I. Employee Information

College _____

Name _____ Empl ID _____

Title _____ Department _____

Date of initial appointment to the University _____

Date of appointment to current title _____

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

Date from		Date to		Purpose	
Date from		Date to		Purpose	
Date from		Date to		Purpose	
Date from		Date to		Purpose	
Date from		Date to		Purpose	

II. Professional Reassignment Leave Information

A. Duration and dates of the proposed leave: ***Check one only***

☐ Consecutive Working Days (up to 5 calendar weeks) Date from _____ Date to _____

☐ Non-consecutive Working Days

Date from _____ Date to _____

Date from _____ Date to _____

Date from _____ Date to _____

Date from _____ Date to _____

Date from _____ Date to _____

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

C. Briefly describe how this purpose will contribute to the University: *(Attach additional pages, as necessary)*

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

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

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

☐ No ☐ Yes *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.*

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

☐ No ☐ Yes *If yes, please name the institution(s), describe the service which you anticipate performing*

III. Attestation of Applicant:

I acknowledge the following:

1. Professional Reassignment Leave 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 Secretary of the College Personnel & Budget Committee (P & B) 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. During the period of the Reassignment Leave, I will be paid at 100% of my biweekly salary rate.
4. Within thirty (30) days following the expiration of my Reassignment Leave, I shall submit to my department chairperson a summary, in writing, of my relevant activities during the leave.
5. 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.
6. I understand that while on leave, employment within or outside the University is prohibited, unless such involvement is integral to the purpose for which the leave is granted, or there is a compelling justification, and may be engaged in only with prior approval of the president.

Signature _____ Date _____

Contact information during the Reassignment Leave:

Address _____ Tel.: _____

City _____ State _____ Zip Code _____ email _____

Country _____

IV. To be completed by the Department Chair

Briefly describe how the applicant's stated purpose for the Reassignment Leave is consonant with the mission of the department and 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 Personnel & Budget Committees: *(Department, Division, School, etc.)*

Note: Approval of the Professional Reassignment Leave is an endorsement that the work of the department in which the applicant serves can be so arranged as to be carried forward effectively during the period of the leave, and that the work the applicant intends to do is consonant with the principles of the Professional Reassignment Leave.

☐ Recommend ☐ Not recommend	☐ Recommend ☐ Not recommend	☐ Recommend ☐ Not recommend
Name	Name	Name
Title	Title	Title
Signature	Signature	Signature
Date	Date	Date

VI. Recommendation of the College Personnel & Budget Committee:

☐ Recommend
☐ Not recommend

Name
Title
Signature
Date

VII. Recommendation of other College Committees/Offices *(as applicable)*:

☐ Recommend
☐ Not recommend

Name
Title
Signature
Date

VIII. Recommendation of other College Committees/Offices *(as applicable)*:

☐ Recommend
☐ Not recommend

Name
Title
Signature
Date

☐ **Leave Dates Noted**

HR Director

Signature

Date

Chancellor's University Report Date