

2017-2018 ACADEMIC YEAR FELLOWSHIP LEAVE APPLICATION

(for leaves to be commenced during Fall 2017 and/or Spring 2018)

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 who have completed six (6) years of continuous paid full-time service with the university, exclusive of non- sabbatical leave or fellowship leaves, are eligible for a fellowship leave.

PURPOSE: Application for a fellowship award 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 bi-weekly salary; (2) a one-half year at 80% of bi-weekly salary; or (3) one-half year at full pay.

INSTRUCTIONS: *Prior to submission of the application to the department chairperson, the applicant should first submit a **Request for Personnel Action (RPA)** form to the Office of Faculty and Staff Relations (Namm 301) no later than **November 18, 2016**. Applications must be typed – no hand-written applications will be accepted. An updated CV or PARSE must be attached. Once completed, applications should be submitted to the department chairperson no later than **November 25, 2016**. No applications will be accepted after the deadline unless approved by the Provost. By **December 9, 2016**, the candidate will be informed by the Department Chairperson of the recommendation of the Department Appointments Committee.*

I. Personal Data

Name: _____

Department: _____

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 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):

A full year at 80% of bi-weekly salary Semester 1:

Semester 2:

Half year at 80% of bi-weekly salary Semester:

Half year/full pay Semester:

B. Check purpose or purposes of work to be carried out:

Research (including study and related travel)

Improvement of teaching

Creative work in literature or the arts

C. On a separate attachment labeled “II. Fellowship Leave Information – Item (C)”, provide a detailed description of the anticipated publications or other products/results to be completed during the leave. The attachment should:

1. Clearly describe the purpose of the work;
2. Fully explain the projected impact of the work on the field, to the college, or both; and
3. Include a proposed timeline for the project to be undertaken, which includes the locations where the activities associated with the proposed leave will occur.

Note: Applications not including this attachment will not be considered

D. Describe any activities which you have undertaken and/or completed to date in conjunction with the proposed fellowship leave:

E. Indicate the qualifications to undertake this work successfully, including citations for previous publications, presentations, exhibitions, or other completed work:

F. Outside sponsorship and/or service

- (1) 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), describe the nature of the sponsorship or facilitations (i.e. laboratory privileges, use of private archives of collections, collaboration with staff, etc.), and attach supporting documentation, such as invitation for research work, letters or contracts from publishers, financial support letters, etc.:

- (2) 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, state the nature and amount of any compensation which you expect to receive for performing such services, and attach supporting documentation:

- (3) 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

- (4) Should the external funding **not** be granted, explain what the impact will be on the projected work plan.

G. Prior Academic Leaves

A. Indicate the dates of any academic leaves taken during the prior ten (10) years, and note whether any were Fellowship or Scholar Incentive Leaves:

Dates:		Purpose:
From:	To:	
From:	To:	
From:	To:	

B. Please explain the outcomes and accomplishments of the prior leaves noted above (please attach additional pages if needed):

III. Attestation of Applicant

I acknowledge the following:

- A. 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 of New York.
- B. Should I be awarded a full-year fellowship leave at 80% of bi-weekly salary, 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 my 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.
- C. 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.
- D. 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.
- E. Within thirty (30) days following the expiration of my fellowship leave, I shall submit a written report to the Executive Director of OFSR, with a copy to the Provost and my department chairperson, summarizing my relevant activities during the leave.

- F. I further understand that the results of the research, publications, and any collaborative work may be presented and published in a special issue of the Nucleus Journal of the Faculty Commons or college-wide colloquium following the leave.

Signature of applicant _____ Date _____

Personal data during the fellowship leave:

Address:

_____ Telephone number: _____
_____ E-mail address: _____
_____ Fax number: _____

IV. To be completed by the Department Chairperson

- A. Briefly describe how the applicant's stated purpose for the fellowship leave is consonant with the mission of the department:**

- B. How does the department intend to cover the applicant's courses and related responsibilities at the college during the period of the proposed leave:**

- C. How many other departmental faculty members have applied for leave and would approval pose problems for the department including coverage concerns?**

Decision of the departmental committee: Approved

Not approved

Was the candidate formally notified of the decision as required (*Please include memorandum of transmittal and academic leave conference memo*)? Yes No

Name of Department Chairperson

Academic Title

Signature

Date

V. Review and Acknowledgement by Academic Dean

Signature

Date

*Note: Deans must submit completed application to OFSR no later than **December 12, 2016**.*

VI. Office of Faculty and Staff Relations

Application received on: _____ Application reviewed on: _____

Application reviewed by: _____

Comments: _____

VII. College Personnel and Budget (P & B) Fellowship Leave Committee Action

Recommended

Not recommended

Name of Fellowship Leave Committee
Chairperson

Signature

Academic Title/Department or Division

Date

VIII. College President's Approval following College P & B Recommendation

Approved Not approved

Date Notification Sent: _____

IX. Board of Trustees' Action

Chancellor's Report Date: _____

X. Post-Leave Review

A. Date Returned from Academic Leave: _____

B. Date Written Report Summarizing Academic Leave Received in OFSR: _____

Signature

Date