

2020/2021 ACADEMIC YEAR SCHOLAR INCENTIVE AWARD APPLICATION

(for leaves to be commenced during Fall 2020 and/or Spring 2021)

ELIGIBILITY: After completion of no less than one full year of continuous paid full-time service with the University, full-time members of the instructional staff, in one of the following titles are eligible to apply: Professor, Associate Professor, Assistant Professor, Instructor, Lecturer, University Professor, Distinguished Professor, Assistant Medical Professor (Basic Sciences), Associate Medical Professor (Basic Sciences), Medical Professor (Basic Sciences), Assistant Medical Professor (Clinical), and Medical Professor (Clinical).

- A scholar Incentive Award cannot be held concurrently with a Fellowship Award.
- An applicant shall be eligible for a subsequent Scholar Incentive Award after six (6) years of creditable service with the University since the completion of the last Scholar Incentive Award.
- Compensation by the University for up to 25% of annual salary rate may be granted. The total amount of external money earned may not exceed 100% of the annual salary rate that candidate would have received without the leave. The amount from the University may be less than 25% if the amount of any outside fellowship and grant support received would result in earnings above 100% of salary.

PURPOSE: Application for a Scholar Incentive Award must be based on bona fide and documented scholarly research.

DURATION: Not less than one semester nor more than one year.

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 **October 11, 2019**. 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 8, 2019**. No applications will be accepted after the deadline unless approved by the Provost. By **December 6, 2019**, 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:

number/street

city/town/state/zip code

E-mail address

Home telephone:

Office telephone:

II. Scholar Incentive Award Information

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

Full year Semester 1: _____
Semester 2: _____
Half year Semester: _____

B. On a separate attachment labeled “II (B) - Scholar Incentive Award Information”, provide a detailed description of the anticipated scholarly research 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 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 scholar incentive 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 scholar incentive 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 scholar incentive 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

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

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

- A. 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. Scholar Incentive Award 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. The information provided is accurate. Should the stated purpose of my leave 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 leave is no longer being served, the leave may be terminated, with the assignment of appropriate duties at the college, or other appropriate action. .
- C. If a Scholar Incentive Award is immediately preceded by full-time continuous service, creditable towards tenure or a Certificate of Continuous Employment (CCE) or Fellowship Leave and immediately followed such full-time continuous service, the period of creditable service immediately preceding the Scholar Incentive Award s hall be counted in computing the years of service required for granting tenure, CCE or Fellowship Leave.
- D. Compensation by the University shall be up to 25% of the individual annual salary rate. The total amount earnable with outside support and the University salary may not exceed 100% of the annual salary rate received without the leave. The amount of compensation from the University may be less than 25% if the amount of any outside fellowship and grant support received would result in earnings above 100% of the salary.
- E. Within thirty (30) days following the expiration of my 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 acknowledge that my obligation under the City University of New York Intellectual Property Policy to disclose to the University and University-owned intellectual property extends to intellectual property that I create during this leave.
- G. 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 compelling college justification, and may be engaged in only with the prior approval of the president.

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 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 by **December 6, 2019**, as required? Yes No
(Chairs: Please include memorandum of transmittal and academic leave conference memo with submission.)

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 9, 2019**.*

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

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