

## 2025/2026 ACADEMIC YEAR SCHOLAR INCENTIVE AWARD APPLICATION

(for leaves to be commenced during Fall 2025 and/or Spring 2026)

**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, an approved **Request for Personnel Action (RPA)** form should be submitted **via the Office of the Provost to the Office of Faculty and Staff Relations (Namm 301)** no later than **October 04, 2024**. Applications must be typed – no hand-written applications will be accepted. An updated CV must be attached. Once completed, applications should be submitted to the department chairperson no later than **November 8, 2024**. No applications will be accepted after the deadline unless approved by the Provost. By **December 6, 2024**, the candidate will be informed by the Department Chairperson of the recommendation of the Department Appointments Committee.

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### I. Personal Data

**Name:**

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**Department:**

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**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:**

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**Date of appointment to current title:** \_\_\_\_\_



- (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:*

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- (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

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

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#### **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):

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### **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 of related responsibilities at the college during the period of the proposed leave:**

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

**C. How many other departmental faculty 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, 2024](#), 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**

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Signature

Date

*Note: Deans must submit completed application to OFSR no later than **December 9, 2024***

**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. Post-Leave Review**

A. Date Returned from Academic Leave: \_\_\_\_\_

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

**Signature**

**Date**