

*The City University of New York*



Fellowship Leave Application

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 serving without tenure in professorial titles (Assistant Professor, Associate Professor, Professor), who have completed six (6) years of continuous paid full-time service with the University, exclusive of non-sabbatical or fellowship leaves, are eligible to apply for a fellowship leave.

Purpose: Application for a fellowship leave may be made for research (including study and related travel), improvement of teaching, and/or creative work in literature or the arts. (An eligible individual who was appointed prior to July 1, 1965 also may apply for a fellowship leave for purposes of educational travel and/or restoration of health.)

Duration: Application may be made for a fellowship leave for (1) a full year leave at 80% of the bi-weekly pay rate, (2) a one-half year at 80% of the bi-weekly pay rate, or (3) one-half year at full pay.

Instructions: Applications should be submitted to the department chairperson no later than November 1 preceding the Fall semester for which the request for a fellowship leave is being made or March 1 preceding the Spring semester for which the request for a fellowship leave is being made. Following the endorsements of the appropriate departmental and college-wide committees and the recommendation of the college president, a copy of the application should be forwarded to the Office of the Vice Chancellor for Faculty and Staff Relations for approval.

**I. Personal Data**

Name: \_\_\_\_\_ College: \_\_\_\_\_

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 the 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):**

\_\_\_\_ Full year/80% bi-weekly pay rate Semester 1: \_\_\_\_\_  
Semester 2: \_\_\_\_\_  
\_\_\_\_ Half year/80% bi-weekly pay rate Semester: \_\_\_\_\_  
\_\_\_\_ Half year/full pay Semester: \_\_\_\_\_

**B. Briefly describe the purpose or purposes of the proposed fellowship leave:**

Research (including study and related travel): \_\_\_\_\_

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

Improvement of teaching: \_\_\_\_\_

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

Creative work in literature or the arts: \_\_\_\_\_

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

Educational Travel (only persons appointed prior to July 1, 1965): \_\_\_\_\_

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

Restoration of Health (only persons appointed prior to July 1, 1965): \_\_\_\_\_

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

**C. Briefly describe any activities which you have undertaken and/or completed to date in conjunction with the proposed fellowship leave: None \_\_\_\_\_**

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

**D. List the location(s) where the activities associated with the proposed fellowship leave will occur:**

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**E. Outside sponsorship and/or service**

**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) and describe the nature of the sponsorship or facilitation (i.e. laboratory privileges, use of private archives or collections, collaboration with staff, etc.):**

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**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 and state the nature and amount of any compensation which you expect to receive for performing such service:**

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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\_\_\_\_\_

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**F. Indicate the dates and purpose of any leaves taken during the prior ten (10) years:**

Dates:	Purpose:
from _____ to _____	_____
from _____ to _____	_____
from _____ to _____	_____

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**III. Attestation of Applicant**

I acknowledge the following:

1. 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.
2. Should I be awarded a full-year fellowship leave at 80% pay, 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 any 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.
3. 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.
4. 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.
5. If my fellowship leave is for the purpose of restoring my health (only persons appointed prior to July 1, 1965), I agree that at the expiration of the leave the University may require that I be examined by a physician.

6. Within thirty (30) days following the expiration of my fellowship leave (except leave for purposes of restoration of health), I shall submit to my department chairperson a summary, in writing, of my relevant activities during 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**

**Briefly describe how the applicant=s stated purpose for the fellowship leave is consonant with the mission of the department:**

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

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

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

**Decision of the departmental committee:**

Approved \_\_\_\_\_ Not approved \_\_\_\_\_

\_\_\_\_\_  
Name of department chairperson Academic title

\_\_\_\_\_  
Signature Date

**V. College Personnel and Budget (P & B) Committee Action**

Approved \_\_\_\_\_ Not approved \_\_\_\_\_

\_\_\_\_\_  
Name of college P & B committee chairperson

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Academic title/department or division

\_\_\_\_\_  
Date

**VI. College President = s Recommendation**

Recommended \_\_\_\_\_ Not recommended \_\_\_\_\_

\_\_\_\_\_  
President = s Signature

\_\_\_\_\_  
Date

or

\_\_\_\_\_  
Signature of President = s Designee

\_\_\_\_\_  
Date

**V. Board of Trustees = Action**

Chancellor = s Report Date: \_\_\_\_\_

**VI. Office of Faculty and Staff Relations Audit**

Application received on: \_\_\_\_\_ Application reviewed on: \_\_\_\_\_

Application reviewed by: \_\_\_\_\_ Approved: \_\_\_\_\_ Not approved \*: \_\_\_\_\_

\* Comments: \_\_\_\_\_