

**Kingsborough Community College
City University of New York
Fellowship Leave Application**

Eligibility: Tenured instructional staff, including Lecturers with a certificate of continuous employment (CCE), and Lecturers with a CCE, on leave from that title (e.g., reclassified as an untenured Assistant Professor) who have completed six (6) years of continuous paid full-time service with CUNY, exclusive of non-sabbatical or fellowship leaves, are eligible to apply.

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.

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

Instructions: Email this completed application, along with a 3–5 page narrative describing the proposed project and projected timeline of work, to RPTMatters.KCC@kbcc.cuny.edu by **December 17th, 2025**. Upon receiving the endorsements of your departmental P&B, Faculty Review Committee, College P&B, and College President, a copy of the application will be forwarded to CUNY for approval.

Personal Data:

Name: _____ Department: _____

Title: _____ Tenure/CCE Date: _____

Initial appt. (date): _____ Appt. to current title (date): _____

Address: _____

Phone #: _____ E-mail: _____

Duration and dates of the proposed fellowship leave: Check one box on the left and write the name(s) and date(s) of the semester(s) in the corresponding box(es) on the right.

1. _____ Full year/80% bi-weekly pay rate - Semester 1: _____ Semester 2: _____

2. _____ Half year/80% bi-weekly pay rate - Semester: _____

3. _____ Half year/full pay - Semester: _____

Briefly describe the purpose or purposes of the proposed fellowship leave:

Briefly describe any activities which you have undertaken and/or completed to date in conjunction with the proposed fellowship leave: None _____

Where will the proposed fellowship leave activity take place (i.e., list the locations):

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 CUNY?

Yes No

If yes, please name the institution(s) and describe the sponsorship or facilitation (e.g., lab access):

Will you serve/work for a non-CUNY institution during the proposed leave? Yes No

If yes, please name the institution(s) and describe the service and any anticipated compensation:

List any external funding for the proposed leave (i.e., excluding CUNY salary/personal resources) that you have been awarded, have applied for and/or intend to apply: None

Indicate the dates and purpose of any leaves taken in the past ten (10) years: None

From _____ To _____ Purpose _____

From _____ To _____ Purpose _____

Attestation of Applicant

I acknowledge the following:

- Fellowship leave applications are processed in accordance with the bylaws and policies of the Board of Trustees of CUNY and the agreement between PSC-CUNY and CUNY.
- If awarded a full-year leave I may write the president to terminate the second half by October 30 or March 30 as applicable; termination relieves CUNY of providing this second half of leave and time-period and other requirements for subsequent leaves will remain the same.
- I will immediately notify the president in writing if the stated purpose of, or my ability to complete my leave changes substantially and they might determine that the purpose of the leave is no longer being served, terminate my leave, and assign me college duties.
- I must serve at CUNY for one year following the leave unless that requirement is waived and I will submit a leave activity summary to my chair by no later than 30 days after my leave.

Applicant Signature _____ Date _____

Contact information while on proposed leave:

See contact info on page one **or** Use the contact info below

Address: _____

Phone(s): _____ E-mail(s): _____

To be completed by the department chairperson:

Briefly describe how the applicant's proposed fellowship leave is consonant with the mission of the department:

Describe how the department intends to cover the applicant's courses and related responsibilities at the college during the period of the proposed leave:

Decision of the department P&B: Approved Not approved

Chair name: _____

Chair signature: _____ Date: _____

AA/Oct 2025