

THE CITY UNIVERSITY OF NEW YORK

Application for Special Leave of Absence without Pay

Instructions: Applicant completes Sections I, II, and III of this form. The department chair completes Section IV. Authorized signatories of the college Personnel & Budget Committees complete Sections V and VI. The president completes Section VII. Human Resources completes Section VII and submits it to the Board of Trustees for approval via the Chancellor's University Report.

Eligibility: Tenured members of the instructional staff, including tenured employees in the College Laboratory Technician and Registrar Series, as well as Lecturers with a CCE. On rare occasions, special leaves may be granted to untenured faculty and CLTs, and uncertificated Lecturers.

Purpose: Applications for Special Leave without Pay may be made for research, writing, creative work, study or public service.

Duration: Special Leave without Pay is granted for a full academic year, although leaves for one semester may be granted.
 - A second consecutive year may be approved by the president.
 - Applications for Special Leave of Absence without Pay beyond two consecutive years must be submitted to the Office of Academic Affairs for approval and requires the approval of the Chancellor.

I. Personal Data

Name	<input type="text"/>	Title	<input type="text"/>	Empl ID	<input type="text"/>
Department	<input type="text"/>	College	<input type="text"/>		
Date of tenure	<input type="text"/>	Date of CCE*	<input type="text"/>	<i>* Applies to individual serving in title of Lecturer with 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.</i>	
Date of initial appointment to the University	<input type="text"/>				
Date of appointment to current title	<input type="text"/>				
Address	<input type="text"/>			Tel.:	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
				email	<input type="text"/>

Indicate dates and purpose of all previous leaves of a semester (or more) for the prior ten (10) years. Attach pages, as necessary

Date from	<input type="text"/>	Date to	<input type="text"/>	Purpose	<input type="text"/>
Date from	<input type="text"/>	Date to	<input type="text"/>	Purpose	<input type="text"/>
Date from	<input type="text"/>	Date to	<input type="text"/>	Purpose	<input type="text"/>
Date from	<input type="text"/>	Date to	<input type="text"/>	Purpose	<input type="text"/>
Date from	<input type="text"/>	Date to	<input type="text"/>	Purpose	<input type="text"/>

II. Special Leave without Pay Information

A. Duration and dates of the proposed leave:

Full year Semester 1 Semester 2

Half year Semester

B. Briefly describe the purpose or purposes of the proposed Special Leave without Pay: *(Attach additional pages, as necessary)*

Special leaves without pay are granted for research, writing, creative work, study or public service.

C. Briefly describe any activities which you have undertaken and/or completed to date in conjunction with the proposed leave:

(Attach additional pages, as necessary)

None

D. List the location (s) where the activities associated with the proposed leave will occur: *(Attach additional pages, as necessary)*

E. Outside sponsorship and/or service *(Attach additional pages, as necessary)*

Will any of the activities associated with the proposed 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.

Do you anticipate performing a service for any institution other than The City University of New York during the proposed 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:

List the nature and amount of any funding for the proposed leave which you have been awarded or for which you have applied or intend to apply:

None

III. Attestation of Applicant

I acknowledge the following:

1. Special Leave without Pay applications are processed in accordance with the policies of the Board of Trustees of The City University of New York and the Agreement between the Professional Staff Congress and the City University of New York.
2. The information provided is accurate. Should the stated purpose of my leave change, or become unable to be accomplished, even if I have commenced the leave, I shall immediately notify the president in writing. Should the president determine that the purpose of the leave is no longer served, the leave may be terminated, with the assignment of appropriate duties at the college, or other appropriate action.
3. A Special Leave without Pay represents a break in service towards tenure or a Certificate of Continuous Employment (CCE).
4. This leave, if granted, is without pay and if for one or more years will not be credited for the purpose of movement within salary schedule. I understand that the president may recommend such credit, however, subject to the approval of the Board of Trustees, if the leave is being taken for a project of academic, scholarly or public importance that brings honor and recognition to the college.
5. Retirement service credit is determined by the particular retirement system, i.e.; TRS or ERS. Retirement service credit will not apply for members of the TIAA-CREF.
6. Teaching faculty members who take a special leave for one full year will not receive vacation pay for the months of July and August and must file appropriate COBRA forms to continue health coverage. If the special leave is for one semester, and active service is provided for the other semester, vacation pay for the months of July and August will be paid at 50% of the biweekly salary rate, thereby retaining health coverage.
7. During the leave, I am subject to the usual peer review process to determine appointment status for the following year.
8. Within thirty (30) days following the expiration of my leave, I shall submit to my department chairperson, a summary, in writing, of my relevant activities during the leave.
9. I acknowledge that my obligation under The City University of New York Intellectual Property Policy to disclose to the University any University-owned intellectual property extends to the intellectual property that I create during this leave.
10. 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 a compelling college justification, and may be engaged in only with the prior approval of the president.

Signature Date

Contact information during the Special Leave:

Address Tel.:
City State Zip Code email _____
Country

IV. To be completed by the Department Chair

Briefly describe how the applicant's stated purpose for the Special Leave is consonant with the mission of the department and the college:

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

V. Recommendation of the Personnel and Budget Committees (Department, Division, School, etc.):

<input type="checkbox"/> Recommend	<input type="checkbox"/> Not recommend	<input type="checkbox"/> Recommend	<input type="checkbox"/> Not recommend	<input type="checkbox"/> Recommend	<input type="checkbox"/> Not recommend
Name <input type="text"/>		Name <input type="text"/>		Name <input type="text"/>	
Title <input type="text"/>		Title <input type="text"/>		Title <input type="text"/>	
Signature <input type="text"/>		Signature <input type="text"/>		Signature <input type="text"/>	
Date <input type="text"/>		Date <input type="text"/>		Date <input type="text"/>	

VI. Recommendation of the College Personnel and Budget Committee

Note: Approval of the Special Leave of Absence without Pay is an endorsement that the work of the department in which the applicant serves can be so arranged as to be carried forward effectively during the period of the leave, and that the work the applicant intends to do is consonant with the principles of the Special Leave of Absence without Pay.

<input type="checkbox"/> Recommend	<input type="checkbox"/> Not recommend	Name <input type="text"/>	Title <input type="text"/>
		Signature <input type="text"/>	Date <input type="text"/>

VII. Recommendation of President

<input type="checkbox"/> Recommend	<input type="checkbox"/> Not recommend	Name <input type="text"/>	Title <input type="text"/>
<input type="checkbox"/> Recommend with increment credit		Signature <input type="text"/>	Date <input type="text"/>

VIII. Board of Trustees' Action

Chancellor's University Report Date *For second consecutive year of Special Leave of Absence without Pay:*
President's Approval Date
For applications for Special Leave of Absence without Pay beyond two consecutive years:
Office of Academic Affairs Approval Date Chancellor's Approval Date