

## THE CITY COLLEGE OF NEW YORK

### Important Facts Regarding Fellowship Leave Awards

***\*Please review the following prior to applying for a Fellowship Leave Award\****

---

**Fellowship Leave Award Applications must be submitted no later than January 31<sup>st</sup> to HR at [HRfacultyservices@ccny.cuny.edu](mailto:HRfacultyservices@ccny.cuny.edu) prior to the submission of the application to the academic department. Applications submitted after January 31<sup>st</sup> will not be accepted.**

**Eligibility:** The following titles at CCNY are eligible for the award of a fellowship leave: Tenured Assistant Professor, tenured Associate Professor, tenured Professor, tenured College Laboratory Technician, tenured Senior College Laboratory Technician, tenured Chief College Laboratory Technician, Lecturer with a Certificate of Continuous Employment (CCE), and Lecturers with a CCE on leave from that title, serving in an untenured professorial title.

The individual must have completed six (6) years of continuous paid full-time service with the University, exclusive of fellowship leaves and most other leaves. Full-time contiguous service as a substitute counts as service towards fellowship leave.

**Purpose:** Application for a Fellowship Award may be made for research (including study and related travel), improvement of teaching, and/or creative work in literature or the arts.

**Duration:** Application may be made for a Fellowship Award for (1) a full year leave at 80% of the biweekly salary rate, (2) a one-half year at 80% of the biweekly salary rate, or (3) one-half year at full pay

Leaves at 80% pay may be taken as follows:

- Full continuous academic year (i.e., Fall 2026 & Spring 2027)
- Split-year (i.e., Fall 2026 & Fall 2027, Spring 2027 & Spring 2028, Spring 2027 & Fall 2027)
- Half-year (i.e., Fall 2026 or Spring 2027)

There is an option to apply for a competitive Fellowship Leave for a half-year at 100% pay; only one such leave is awarded per year. Applicants who apply for full-pay leave may also submit an application to be considered for the standard 80% pay leave, at either the full-year or half-year.

**Compensation:** While on Fellowship Leave, the employee will receive 80% of their biweekly salary rate. If a split- year or half-year leave is taken, for the spring semester the employee will receive 80% pay in the spring and 80% pay in the following month of July. For the fall semester, the employee will receive 80% pay in the fall and 80% pay in the following month of August.

**Post-Fellowship Leave Requirements:** When applying for a fellowship leave, the employee commits to return to active service in the University for at least one (1) year following the end of the leave. Additionally, within 30 days of the expiration of the fellowship leave, the employee must submit a written report to the Department Chair on the recipient's activities during the fellowship leave.

For more details regarding Fellowship Leave Awards and other academic leaves please review the [Code of Practice for Academic Leaves of Absence](#) and [HR's Academic Leave Information Presentation](#).



**THE CITY UNIVERSITY OF NEW YORK**  
**The City College of New York**  
**Application for Fellowship Leave Award**

**Fellowship Leave Award Applications must be submitted no later than January 31<sup>st</sup> to HR at [HRfacultyservices@ccny.cuny.edu](mailto:HRfacultyservices@ccny.cuny.edu) prior to the submission of the application to the academic department.**

**Eligibility:** The following titles are eligible for the award of a fellowship leave: Tenured Assistant Professor, tenured Associate Professor, tenured Professor, tenured College Laboratory Technician, tenured Senior College Laboratory Technician, tenured Chief College Laboratory Technician, Lecturer with a Certificate of Continuous Employment (CCE), and Lecturers with a CCE on leave from that title, serving in an untenured professorial title.

The individual must have completed six (6) years of continuous paid full-time service with the University, exclusive of fellowship leaves and most other leaves. Full-time contiguous service as a substitute counts as service towards fellowship leave.

**Purpose:** Application for a Fellowship Award may be made for research (including study and related travel), improvement of teaching, and/or creative work in literature or the arts.

**Duration:** Application may be made for a Fellowship Award for (1) a full year leave at 80% of the biweekly salary rate, (2) a one-half year at 80% of the biweekly salary rate, or (3) one-half year at full pay.

**Instructions and Deadlines:** Human Resources will send approved applications to the corresponding Department Chair. All applications for Fellowship Leave will be reviewed and voted upon during the Spring semester. Following the endorsements of the appropriate Departmental Executive Committee, Divisional P&B, and College-wide Review Committee and the Faculty Committee on Personnel Matters (competitive Fellowship Leaves only) and the recommendation of the College President, a completed Fellowship Leave checklist will be forwarded to the University's Office of the Vice Chancellor for Faculty and Staff Relations for review.

**Changes to an Approved Fellowship Award:** The instructional staff member should notify the Office of Human Resources, Chairperson, Dean and Provost immediately if he or she decides not to use a Fellowship Leave Award for the dates for which it was approved. A new application must be submitted for the new dates requested following the same process outlined above.

**I. Employee Information:**

|                                               |                                                           |              |                      |
|-----------------------------------------------|-----------------------------------------------------------|--------------|----------------------|
| College                                       | <input type="text" value="The City College of New York"/> |              |                      |
| Name                                          | <input type="text"/>                                      | Empl ID      | <input type="text"/> |
| Title                                         | <input type="text"/>                                      | Department   | <input type="text"/> |
| Date of Tenure                                | <input type="text"/>                                      | Date of CCE* | <input type="text"/> |
| Date of initial appointment to the University | <input type="text"/>                                      |              |                      |
| Date of appointment to current title          | <input type="text"/>                                      |              |                      |

\* 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.

**Indicate dates and purpose of all previous leaves of a semester (or more) for the prior ten (10) years.**

*(Attach additional 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. Fellowship Award Information

### A. Duration and dates of the proposed leave:

Full year at 80% of biweekly salary rate

Half year at 80% of biweekly salary rate

Semester

Semester 1

Semester 2

Half year at full pay

Semester

☐ Eligibility Verified

HR Director

Signature

*If applying for a half-year Fellowship Leave at 100% pay, skip to Section III.*

### B. Briefly describe the purpose or purposes of the proposed Fellowship Award: *(Attach additional pages, as necessary)*

Research (Including study and related travel) :

Improvement of teaching:

Creative work in literature or the arts:

### C. Briefly describe any activities which you have undertaken and/or completed to date in conjunction with the proposed Fellowship Award: *(Attach additional pages, as necessary)*

☐ None

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

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

i) Will any of the activities associated with the proposed Fellowship Award be sponsored or facilitated by an institution other than The City University of New York?

☐ No ☐ Yes

*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.).*

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

☐ No ☐ Yes

*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.*

iii) List the nature and amount of any funding for the proposed Fellowship Award (other than your University salary and personal resources) which you have been awarded or for which you have applied or intend to apply:

☐ None

---

### III. Fellowship Leave at 100% Pay

The City College of New York intends to award one Fellowship Leave for one semester at full pay each academic year. The leave may be taken in either the upcoming fall or following spring semester.

The College awards this single one-semester sabbatical at full pay on a competitive basis.

The request should be for academic (scholarly, pedagogical, or creative) work that will:

- a. enhance the individual as a scholar, teacher, or performing or visual artist;
- b. bring prestige and benefit to the College through the faculty member's subsequent service; and
- c. provide substantial improvement to pedagogy and curriculum.

There should also be a strong likelihood that the project would not be possible without the leave.

Applications for the one-semester Fellowship Leave at full pay **must** be accompanied by a current *curriculum vitae* and a research statement of no more than three pages. The research statement must explain the relationship between the project and the applicant's background and future professional activities as well as the intellectual significance of the proposed work and the contribution it will make to the candidate's academic field in one or more of the categories outlined above.

If the leave is to be taken at another institution, please provide a supporting letter from that institution and include information from Section II.E above.

Following the endorsements of the appropriate Departmental Executive Committee, Divisional P&B, applications for a one-semester Fellowship Leave at full pay are forwarded to the Faculty Committee on Personnel Matters and to the College-wide Review Committee for review, after which each body submits a recommendation to the President.

**If a member of the instructional staff who is applying for a competitive one-semester leave at full pay, wishes also to be considered for a leave at 80% of the annual salary rate if not awarded a one-semester leave at full pay, they must file two separate Fellowship Leave Award applications by the January 31<sup>st</sup> deadline.**

The application and accompanying materials must be received by the Human Resources Office at [hrfacultyservices@ccny.cuny.edu](mailto:hrfacultyservices@ccny.cuny.edu) no later than **January 31<sup>st</sup>**.

### IV. Attestation of Applicant:

I acknowledge the following:

1. Fellowship Award 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. Should I be awarded a full-year fellowship leave at 80% of the biweekly salary rate, 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.
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. 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.
6. 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 intellectual property that I create during this leave.
7. I understand that while on leave, employment within or outside the University is prohibited, unless such involvement is integral to the purpose for which the leave is granted, or there is a compelling justification, and may be engaged in only with prior approval of the president.

---

Signature

Date

---

**Contact information during the Fellowship Leave:**

Address

Tel.:

City

State

Zip Code

Email

**V. To be completed by the Department Chair**

**Briefly describe how the applicant's stated purpose for the Fellowship Award is consonant with the mission of the department and 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:**

**VI. Recommendations of Personnel & Budget Committees: (Department, Division, School, etc.)**

*Note: Approval of the Fellowship Award 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 Fellowship Award.*

|                                                                           |                                                                           |                                                                           |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <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"/>                                            |

**VII. Recommendation of the Collegewide Review Committee:**

☐ Recommend

Name

☐ Not recommend

Title

Signature  Date

**VIII. Recommendation of other College Committees/Offices (as applicable):**

☐ Recommend

Name

☐ Not recommend

Title

Signature  Date

**XI. Recommendation of President:**

☐ Recommend

Name

☐ Not recommend

Signature  Date

Board of Trustees Approval Date