**APPLICATION INFORMATION:**

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.

**While on fellowship leave, employment is discouraged. It is the expectation of John Jay College and CUNY that fellowship leave time is used for the express purpose of the leave. Incidental compensation is permitted. However, no additional compensation (release-time or salary) is provided if faculty teach or perform administrative duties at the college during an approved fellowship leave.**

Purpose: Applications 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: Application may be made for a fellowship leave for (1) a full year leave at 80% of the bi-weekly salary rate, (2) a one-half year at 80% of the bi-weekly salary rate, or (3) one-half year at full pay**\*** **\*(In accordance with the PSC collective bargaining agreement there is an expectation of a minimum of one half-year leave at full-pay, every other year at JJC).**

Instructions: Applications should be submitted to the department chairperson, **one academic year prior to the requested leave, by no later than October 1 for Fall term leaves, and no later than March 1 for Spring term leaves**. Following the endorsement of the appropriate departmental and college-wide committees and the recommendation of the college president, the application **will** be reviewed by the College Human Resources Department, or other appropriate department, which will forward a completed Fellowship Leave checklist to the Office of the Vice Chancellor for Faculty and Staff Relations to indicate that the application has received a thorough review for compliance with rules and procedures.

Award: Candidates will be notified of their application status (approved, deferred, or declined) in writing from the Office of the Provost. Approved candidates will have until the third Monday in June prior to the leave to accept or decline the leave in writing. Upon return to the college, a summary report of relevant activities during the leave must be submitted to the Provost and Department Chair. Department Chairs are encouraged to create opportunities for faculty to present on their research in department meetings and other appropriate settings.

**I. PERSONAL DATA:**

*A completed application must define a substantive plan for scholarship and/or development of teaching, and demonstrate how the sabbatical will enhance that plan.*

Name: Click here College: John Jay College

Department: Click here

Title: Choose an item. Date of Tenure: Click here Date of CCE\*: Click here

\*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: Enter date

Date of appointment to current title: Enter date

Home address: Click here

Home Telephone: Click here

Office Telephone: Click here

E-mail Address: Click here

**II. FELLOWSHIP LEAVE INFORMATION:**

**A. Duration and dates of the proposed fellowship leave** (check **only** one):

Full year/at 80% of bi-weekly salary rate Semester 1: Click here

Semester 2: Click here

Half year/at 80% of bi-weekly salary rate Semester: Semester: Click here

Half year/full pay Semester**\*** Semester: Click here  
 **\*(In accordance with the PSC collective bargaining agreement there is an expectation of a minimum award of one half-year leave at full-pay, every other year at JJC).**

**B. Workload Balance (end of last semester):** Date balance retrieved: Click here

*Choose one:*  Owe less than 3 hours  Owe 3-6 hours  Owe more than 6 hours  
  Credit under 3 hours  Credit of 3-6 hours  Credit more than 6 hours

**C. Describe the purpose or purposes of the proposed fellowship leave.**

Write a one-two page narrative that includes information on one or more of the following: Research (including study and related travel), Improvement of teaching, and/or Creative work in literature or the arts:

Click here

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

None

Click here

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

Click here

**F. 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.):

Click here

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:

Click here

List the nature and amount of any funding for the proposed fellowship leave (other than University salary and personal resources) which you have been awarded or for which you have applied or intended to apply:

None

Click here

**\*While on fellowship leave, employment is discouraged. It is the expectation of John Jay College and CUNY that fellowship leave time is used for the express purpose of the leave. Incidental compensation is permitted.**

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

Dates from: Enter a date. to: Enter a date.

Purpose: Click here

Dates from: Enter a date. to: Enter a date.

Purpose: Click here

Dates from: Enter a date. to: Enter a date.

Purpose: Click here

**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% of the bi-weekly 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.

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. Within thirty (30) days following the expiration of my fellowship leave, I shall submit to my department chairperson and the Provost a summary, in writing, of my relevant activities during the leave.

Applicant Signature: Date: Enter date

Contact Information *during* the fellowship leave

Address: Click here

Telephone Number: Click here

Email Address: Click here

Fax Number: Click here

**IV. TO BE COMPLETED BY THE DEPARTMENT CHAIRPERSON:**

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

Click here

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

Click here

**Decision of the departmental committee:**

Approved Not Approved

Name of Department Chairperson: Click here

Academic Title: Click here

Signature: Date: Enter date

***NOTE:* Fellowship leaves are subject to finalization and approval by the Review Committees, Human Resources and Workload Offices.**