

**Application for Special Leave of Absence without Pay**

***This form is for an academic leave only.***

**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 of Absence 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 Partial Leave with Partial Pay beyond two consecutive years must be submitted to the Office of Academic Affairs for approval and requires the approval of the Chancellor.

**I. Employee Information**

College	<input type="text"/>	
Name	<input type="text"/>	Empl ID <input type="text"/>
Title	<input type="text"/>	Department <input type="text"/>
Date of initial appointment to the University	<input type="text"/>	
Date of appointment to current title	<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:**

<input type="checkbox"/> Full year	Semester 1 <input type="text"/>	Semester 2 <input type="text"/>
<input type="checkbox"/> Half year	Semester <input type="text"/>	

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

i) 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?

☐ 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 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.
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. I understand that the leave, if granted, is subject to the following rules and conditions:
  - Special Leave without Pay represents a break in service towards tenure or a Certificate of Continuous Employment (CCE).
4. This leave 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 or 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 maintaining 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 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 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 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. Recommendations of Personnel & Budget Committees:****(Department, Division, School, etc.)**

Note: Approval of the Partial Leave with Partial 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 a special project that will be of mutual benefit to the applicant and the college.

<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 _____	Signature _____	Signature _____
Date _____	Date _____	Date _____

**VI. Recommendation of the College Personnel & Budget Committee:**

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

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

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

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

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

**XI. Recommendation of President:**

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

**FOR SECOND CONSECUTIVE YEAR OF SPECIAL LEAVE WITHOUT PAY:**

Name <input type="text"/>
Signature _____
Date _____

**FOR SPECIAL LEAVE WITHOUT PAY BEYOND TWO CONSECUTIVE YEARS:**CUNY OFFICE OF ACADEMIC AFFAIRS APPROVAL DATE ☐ **Conditions of Leave Noted**HR Director   
Signature \_\_\_\_\_Chancellor's University Report Date   
Date \_\_\_\_\_