

Application for Partial Leave of Absence with Partial Pay

This form should not be used to apply for a reduced work schedule under the Family and Medical Leave Act (FMLA)

Eligibility: Faculty in the following titles with regular teaching workloads are eligible for Partial Leave with Partial Pay: Assistant Professor, Associate Professor, and Professor, Assistant Medical Professor (Basic Sciences), Associate Medical Professor (Basic Sciences), Medical Professor (Basic Sciences), Assistant Medical Professor (Clinical), Associate Medical Professor (Clinical), and Medical Professor (Clinical), Law School Assistant Professor, Law School Associate Professor, Law School Professor, Law School Library Assistant Professor, Law School Library Associate Professor, Law School Library Professor, Lecturers, and Instructors . Tenure is not a requirement for application.

Purpose: Partial Leave with Partial Pay is granted for special projects, when the project would be to the mutual benefit of both the faculty member and the college. Partial Leave with Partial Pay is granted in **rare and unusual circumstances**, *i.e.*, **infrequently**.

Duration: Applications for Partial Leave with Partial Pay are 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

Name Empl ID

Title Department

Date of initial appointment to the University

Date of appointment to current title

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. Partial Leave with Partial Pay Leave Information

A. Duration and dates of the proposed leave:

Full year Semester 1 Semester 2

Half year Semester

Reduced % of workload Reduced Pay

B. Briefly describe the purpose or purposes of the proposed Partial Leave with Partial Pay: *(Attach additional pages, as necessary)*

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. Partial Leave with Partial 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:
 - Partial Leave with Partial Pay represents a break in service towards tenure or a Certificate of Continuous Employment (CCE). An Instructor is limited to five appointments and will not be eligible for a Certificate of Continuous employment (CCE), pursuant to Section 12.6 of the PSC/CUNY Collective Bargaining Agreement.
 - 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.
4. I understand that my bi-weekly salary rate will be reduced by the same percentage as my teaching workload is reduced during the period of the leave.
5. For partial leave taken for an entire academic year, the months of July and August will be paid at the same percentage of the bi-weekly rate, as paid during the period of partial leave. For partial leave taken in the fall semester, the month of July will be paid at 100 % and the month of August will be paid at the same percentage of the bi-weekly rate, as paid during the period of partial leave. For partial leave taken during the spring semester, the month of July will be paid at the same percentage of the bi-weekly rate, as paid during the period of partial leave and the month of August will be paid at 100%.
6. I will receive increment credit.
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 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:

Recommend Name

Not recommend Title

Signature _____ Date _____

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

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 _____

FOR SECOND CONSECUTIVE YEAR OF PARTIAL LEAVE WITH PARTIAL PAY:

Name

Signature _____ Date _____

FOR PARTIAL LEAVE WITH PARTIAL 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 _____