INSTRUCTIONS AND PROCEDURES FOR REQUESTING FELLOWSHIP AWARDS

1. Application for Fellowship Awards may be made by:
   a) Tenured members of the permanent instructional staff;
   b) Lecturers (full-time) with a Certificate of Continuous Employment;
   c) Non-tenured Assistant Professors who are on leave from the title Lecturer (full-time) with a CCE. (However, the Fellowship leave will NOT count as service toward tenure.)

   Applicants must have six years of continuous full-time service to be eligible. Certain exceptions to this rule on continuous service apply:
   a) Approved leaves without pay will not break service; service rendered prior to the leave will be added to service rendered after the leave.
   b) Any leave with full pay, except Fellowship leave, counts as full-time service.

   A full six years must elapse between Fellowship leaves.

2. An application shall be valid only for the academic year next succeeding the date of such application.

3. *Fellowship Awards shall be granted for one of the following purposes:
   (1) Study and research, including related travel;
   (2) Improvement of teaching;
   (3) Creative work in literature or the arts.

4. Although income may be earned during the leave, it is expected to be only an incidental outcome of the leave. When substantial financial reward is anticipated, the staff member should apply for a leave without pay.

*Persons appointed prior to 7/1/65, and otherwise eligible, may be considered for a Fellowship Leave for educational travel or for restoration of health.

Instructions and Procedures for Requesting Fellowship Award

5. Fellowship Awards will be granted only upon the agreement by the applicant that he or she will
continue to serve the University for at least one year after expiration of the leave unless this provision is expressly waived by the Board of Trustees.

6. In the application made for one of the purposes enumerated, the application shall finish full details of the study, research, or creative work proposed and the availability, if any, of awards and/or research and travel grants.

7. Request for Fellowship Award shall be made by written application on official Baruch College forms available in department offices.

8. The department executive committee will review, and approve or deny, each application. Approved applications are to be forwarded to the School committee on Personnel and Budget, with the statement 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 award and that the proposed study, research or work described is consonant with the principles set forth for Fellowship Award.

9. The School Committee on Personnel and Budget shall evaluate all applications received, taking into account all pertinent factors including the ability of each applicant’s department to arrange for adequate coverage during the period of the proposed award, the advantage to the applicant as a scholar and a teacher to be expected from such award, the consequent advantage of such award to the College, and the longevity of the applicant's service.

10. Fifteen copies of all approved and signed applications plus twenty one copies of an updated curriculum vita for each applicant shall be forwarded by the School Personnel and Budget Committee to the Provost, who will present them for consideration and evaluation by the College Committee on Personnel and Budget.

11. Applicants are urged to provide ample documentation in answering questions A through F on the fellowship leave application form. The overall quality of the proposal, including a clearly reasoned and cogently argued rationale for the use to which a fellowship leave will be put, is given very great weight by the College P&B.

12. The College P&B Committee shall submit all applications it approves to the President for his review.

13. The President shall transmit such applications to the Board of Trustees with his own recommendations.

14. Any request by an applicant for a review of any action taken by the Department, School or College committees shall be made and processed under the College's Academic Appeal Procedures.
15. Applications for the academic year 2008-2009 will be reviewed by the College Committee on Personnel and Budget at its meetings of November and February for full year at 80% pay, half-year at 100% pay and half-year at 80% pay.

16. Applications for half-year at 100% pay leave will be considered at the December College P&B meeting only.

17. Requests to defer all or part of a fellowship leave will be made on a separate form as indicated below. Applications for leave deferments that are approved by the department will be subject to the same P&B review process used for applications for fellowship awards.

(i) Request to Defer Fellowship Award - This form is used for deferral of a leave that has been approved. The date of deferral must be not later than one year from the date of the initial fellowship award.

(ii) Request to defer second semester of full year half-pay Fellowship Award - This form is used when the candidate wishes to defer the second semester of leave that has been approved. The period of deferral must start not later than one year from the date of return from the initial fellowship award.

Forms may be obtained by contacting the School Dean and/or the Office of the Provost and Senior Vice President for Academic Affairs.

Revised 8/07
BARUCH COLLEGE

GUIDELINES FOR FULL-PAY HALF-YEAR FELLOWSHIP LEAVES

These guidelines provide the criteria by which decisions on applications for half-year fellowship leaves at 100% pay will be made, and establish the process that will be used to match applications with the criteria. Since a limited number of these fellowship leaves are granted, these guidelines are designed to provide all eligible faculty with the opportunity to understand the basis on which decisions about these leaves are made.

Criteria
Half-year fellowship leaves at 100% pay are reserved for faculty who meet all criteria for a fellowship leave and who have excellent records at Baruch College in all three areas of activities on which faculty are evaluated: teaching, research, and service. The leaves are awarded for proposed scholarly activity of a nature that may be predicted to result in a significant contribution to both the faculty member's area of study and to the College's reputation, and it should be feasible to demonstrate major progress toward these results by the end of the fellowship leave.

Procedure
In addition to a detailed description of the proposed scholarly project and the curriculum vitae there must be evidence of prior achievements, including reports of the activities of the last fellowship leave, if any, and copies of completed scholarly works related to the project.

All applications for half-year leaves at 100% pay will be considered only at the December College P&B meeting. Timely notice of the date for this meeting will be published by the President's Office. The notices about leave applications will advise faculty who apply for 100% pay leaves to note if a half-year at 80% leave is an acceptable alternative. The departments and schools must provide for reviews for these leaves on dates that will enable the materials to be ready for review at that College P&B meeting.

Few half-year at 100% pay leaves are awarded: if any school has more than one such request in any review period, the Dean, in consultation with the School P&B Committee, will rank the requests.

Actions on leave requests are subject to the appeals process.
Fellowship Leave Application

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.

Purpose: Application 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. (An eligible individual who was appointed prior to July 1, 1965 also may apply for a fellowship leave for purposes of educational travel and/or restoration of health.)

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.

Instructions: Applications should be submitted to the department chairperson pursuant to the deadlines established by each College. Following the endorsements of the appropriate departmental and college-wide committees and the recommendation of the college president, the application should 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.

I. Personal Data

Name:______________________________________  College:_____________________________________

Department:________________________________________________

Title:______________________________________  Date of Tenure:___/___/___ or CCE:*___/___/___

* 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:________________________________________________

Date of appointment to current title:________________________________________________________

Home address:__________________________________________  Home telephone: (___)______________

number/street  Office telephone: (___)______________

city, town, state, zip code  E-mail address:__________________________________

OF SR 4/12/07
II. Fellowship Leave Information

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

_____Full year/at 80% of bi-weekly salary rate  Semester 1:__________________________
  Semester 2:__________________________

_____Half year/at 80% of bi-weekly salary rate  Semester:____________________________

_____Half year/full pay  Semester:____________________________

B. Briefly describe the purpose or purposes of the proposed fellowship leave:

Research (including study and related travel):__________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Im[90]provement of teaching:_______________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Creative work in literature or the arts:________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Educational Travel (only persons appointed prior to July 1, 1965):______________________________
________________________________________________________________________________________

Restoration of Health (only persons appointed prior to July 1, 1965):__________________________
________________________________________________________________________________________

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

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

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

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:

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

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

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

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

Dates:                                                   Purpose:
from____________________ to____________________                               ______________________________
from____________________ to____________________                               ______________________________
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. If my fellowship leave is for the purpose of restoring my health (only persons appointed prior to July 1, 1965), I agree that at the expiration of the leave the University may require that I be examined by a physician.

6. 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.

_________________________________________________  Date____________________________
Signature of applicant

Personal data during the fellowship leave:

Address: _______________________________  Telephone number:______________________________
_____________________________  E-mail address:__________________________________
_____________________________  Fax number:_____________________________________

IV. To be completed by the department chairperson

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

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

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. Decision of the Departmental Committee

Approved______ Not approved______

______________________________________________
Name of department chairperson Academic title
______________________________________________
Signature Date

VI. School Personnel and Budget (P & B) Committee Action

Approved______ Not approved______

______________________________________________
Name of school P & B committee chairperson Signature
______________________________________________
Academic title/department or division Date

VII. College Personnel and Budget (P & B) Committee Action

Recommended______ Not recommended______

______________________________________________
Name of College P & B Committee Chairperson Date
______________________________________________
Academic title/department or division Date

VIII. College President’s Recommendation

President’s Signature Date

or

______________________________________________
Signature of President’s Designee Date

IX. Board of Trustees’ Action

Chancellor’s Report Date:________________________