<u>Checklist for Applications for</u> <u>Fellowship Award</u>

Note:

- Applications accepted only once per academic year in fall (Deadline * Dec. 2).
- While on leave, the faculty member is expected to devote his/her time and energy to the purpose for which the leave was granted. As a general rule, employment within or outside of the University during leaves 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. See section III.7 Attestation of Applicant on page 3 of the application and section 7. Academic Leaves and Multiple Positions on page 13 of the Code of Practice Regarding Instructional Staff Academic Leaves (attached to the RFP email).
- <u>Code of Practice Regarding Instructional Staff Academic Leaves</u> Please read for complete details on eligibility, types, review and approval, reporting, calendar leave dates, terminating leave and compensation.
- Submit form to: <u>provost.eforms@lehman.cuny.edu</u> with a copy to <u>Edna.Norman@lehman.cuny.edu</u> and <u>Deborah.RhemJackson@lehman.cuny.edu</u>

Faculty Name:					
SchoolDepartment					
1. Confirmation of Eligibility from HR (Z. Rosa) attached.		Yes	or	No	
2. Previous Fellowship or Scholar Incentive Leave?		Yes	or	No	
a) If Yes , copy of last Leave Report attached?		Yes	or	No	
3. Pay Rate, duration and dates of proposed leave completed? Yes			or	No	
Fellowship Award Information Duration and dates of the proposed leave:					
Full year at 80% of biweekly salary rate	Semester Sem	nester			
Half year at 80% of biweekly salary rate.	Semester				
Half year at full pay	Semester				

<u>Checklist for Applications for</u> <u>Fellowship Award - continued</u>

a) If non-consecutive semesters , justification included?		or	No
5. Lehman CV (Updated/Most Recent) attached?		or	No
6. Detailed description of proposed scholarly activity and/or Research Plan attached?		or	No
7. Is leave at another Institution?		or	No
a) If Yes , Letter of Support attached?		or	No
8. Application Signatures & Approvals:			
a) Faculty Member's Signatureb) Chair's Signaturec) P&B approval documented.d) Dean's Signature	Yes Yes Yes Yes	or or or	No No No No
Office of Academic Personnel			
Date Received:			
Reviewed by:			
Application Complete? Yes or No			
If no, follow-up and result (describe):			
Confirmation of Completed Application – Emailed to Applicant (Date):			