**Checklist for Applications for**

**Fellowship Award**

***Include checklist with the completed application.***

**Note:**

* Applications are accepted only once per academic year in fall [Deadline \* Dec. 1, 2024]**.**
  + **Please submit a complete application, not individual pages**.
* 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](http://www2.cuny.edu/wp-content/uploads/sites/4/page-assets/about/administration/offices/hr/central-office-human-resources/policies-procedures/CodeofPractice_AcademicLeavesofAbsence_Final08062013_2.pdf) (attached to the RFP email).
* [Code of Practice Regarding Instructional Staff Academic Leaves](http://www2.cuny.edu/wp-content/uploads/sites/4/page-assets/about/administration/offices/hr/central-office-human-resources/policies-procedures/CodeofPractice_AcademicLeavesofAbsence_Final08062013_2.pdf) – Please read for complete details on eligibility, types, review and approval, reporting, calendar leave dates, terminating leave and compensation.
* ***Submit form to:*** [provost.eforms@lehman.cuny.edu](mailto:provost.eforms@lehman.cuny.edu) with a copy to [Edna.Norman@lehman.cuny.edu](mailto:Edna.Norman@lehman.cuny.edu)

Faculty Name Click or tap here to enter text.

School: Choose an item. Department Choose an item.

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**, attach a copy of the last Leave Report attached? Yes or No

3. Pay Rate, duration, and dates of proposed leave completed? Yes or No

**Semester[s] of the proposed leave:**

Full-year at 80% of biweekly salary |**Fall** Sem: Choose an item. **Spring** Sem: Choose an item.

Half year at 80% of biweekly salary rate. Semester Choose an item.

Half year at full pay Semester Choose an item.

a) If **non-consecutive semesters**, justification included? Yes or No

4. Is Lehman’s CV (Updated/Most Recent) attached? Yes or No

5. Detailed description of the proposed scholarly activity

and/or Research Plan attached? ` Yes or No

6. Is leave at another Institution? Yes or No

a) If **Yes**, Letter of Support attached? Yes or No

7. Application Signatures & Approvals:

a) Faculty Member’s Signature Yes or No

b) Chair’s Signature [**Use fillable signature page**] Yes or No

c) P&B approval documented [**Use fillable page**] Yes or No

d) Dean’s Signature [**Use fillable page**] Yes or No

Office of Academic Personnel **Use Only**

Date Received: Click or tap to enter a date.

Reviewed by:

Is the application Complete? Yes or No

If no, follow-up and result (describe Click or tap here to enter text.

Confirmation of Completed Application Click or tap here to enter text.

Emailed to Applicant (Date)Click or tap to enter a date.