

Academic Leave Summary

Brooklyn College of The City University of New York

HRS Only

Section 1: Completed by Department Chairperson

Last Name	First Name	Empl ID
Department		Title

Academic Leave Type:

- ☐ Fellowship Leave
- { } Full-year, 80% Salary
- { } One Semester, 80% Salary
- { } One Semester, 100% Salary
- ☐ Scholar Incentive Award
- ☐ Special Leave of Absence (without pay)
- ☐ Partial Leave of Absence (partial pay)
- ☐ Professional Reassignment Leave in Library

Reason for Leave:

- ☐ Research and Related Travel
- ☐ Creative Work
- ☐ Teaching Improvement
- ☐ Service at Another Institution
- ☐ Other: _____

% of Salary
During Leave:

%

Leave Period:

- ☐ Academic Year Semester 1: _____
- ☐ Calendar Year Semester 2: _____
- ☐ Split Leave _____
(if applicable)

Summary Completed by Department Chair

Signature	Today's Date
-----------	--------------

Section 2: Completed by Human Resource Services

Annual Salary \$	Leave Begin	Leave End	Leave Begin (Part 2)	Leave End (Part 2)
Increment Credit? <input type="radio"/> Yes <input type="radio"/> No		Tenured / CCE? <input type="radio"/> Yes <input type="radio"/> No		
Retirement Credit? <input type="radio"/> Yes <input type="radio"/> No		If no, will this leave change the existing tenure or CCE date? <input type="radio"/> Yes <input type="radio"/> No		
		If yes, will this leave change the Fellowship Leave eligibility date? <input type="radio"/> Yes <input type="radio"/> No		

Eligible for Leave?

Comments – HRS

Comments – APFA

(Initial if Yes. See Eligibility
Report for details.)

Academic Leave Eligibility Report

Last Name	First Name	Empl ID
Department		Title

Completed by Human Resource Services

Date Appointed to Tenure- / CCE-track (or with tenure): _____

Previous Leaves	
Dates	Type / Description

Year	Spring	Fall
2007		
2008		
2009		
2010		
2011		
2012		
2013		
2014		
2015		
2016		
2017		
2018		
2019		
2020		
2021		
2022		
2023		

Remarks:	
Initial Date Appt to University	
Date Appt to Current Title	
Date of Tenure/CCE	
Highest Degree	

Eligibility Date:

Reviewed By: _____

Date: _____