



NEW YORK STATE/UNITED UNIVERSITY PROFESSIONS
JOINT LABOR-MANAGEMENT COMMITTEES

Calendar Year Employee Leave Program Application

This application must be completed for consideration for the Calendar Year Employee Leave Program. Prior to completing this application, review the guidelines for the Program and read the Application [Instructions](#). Prior to filling out this application, save it to your files. After filling out this application form, print it, obtain the required signatures and submit it, with all attachments, as directed at the bottom of the form. Be advised that an incomplete application will not be considered.

PART A: APPLICANT INFORMATION

Name	Title/Rank
Email	Work Phone
Division/Program/Department	
Work Address	
Campus	
Professional	Full-time
Academic	Full-time

PART B: PROPOSAL INFORMATION

1. Dates of proposed project/activity: From: _____ To: _____
2. A. Project/Activity Title:
2. B. Briefly describe the proposed project/activity and its job relatedness in 250 words or fewer.

PART C: BUDGET SUMMARY

Complete only those sections that are applicable to your project or activity and specify the type of expenditure for each item. All expenditures must be itemized and justified.

A separate Budget Summary must be completed for each semester for which funding is being requested.

Semester Date: From: To:

Expenditures	Amount:	Amount Requested From		
		Campus Contributions	Other Sources*	NYS/UUP JLMC
Replacement Salary:	Amount:			
TOTAL REQUESTED				
		Campus Contribution	%	

*Identify Other Sources:

THIS APPLICATION WILL NOT BE PROCESSED UNLESS THERE IS A MINIMUM 40% CAMPUS CONTRIBUTION

PART D: REQUIRED ATTACHMENTS

All required attachments listed below must be submitted with the application.

An updated brief curriculum vitae.

A brochure, announcement, or other relevant material describing the project or activity.

A letter showing that the employee's project or activity has merit, that release time is necessary for coverage of the employee's work, and that a replacement will actually be hired.

A letter of endorsement for leave for the duration of the project or activity from the chief academic officer or designee.

A letter of endorsement by the campus president or designee and the UUP chapter president.

A letter from the campus president or designee indicating the campus's financial contribution of minimum of 40% of the cost of salary for a replacement for the duration of the leave. NYS/UUP Joint Labor-Management Committees' funds that have been awarded to the campus should not be included as part of the campus's contribution.

ACKNOWLEDGEMENT AND SIGNATURES

I have read the program guidelines and understand that only documented expenditures pursuant to the procedures described in those guidelines and approved by the Campus Grants Committee will be reimbursed. I understand that expenditures will be reimbursed subject to the New York State Comptroller's Rules and Regulations. I understand that any changes to this project or activity must be approved by the Campus Grants Committee. I also understand that the NYS/UUP Joint Labor-Management Committees must be acknowledged as a source of funding.

Applicant Signature Date

Campus President/Designee Signature Title Date

Campus President/Designee (PLEASE PRINT)

UUP Chapter President Signature Date

UUP Chapter President (PLEASE PRINT)

Submit completed applications and all required attachments pursuant to the deadline date specified in the program guidelines to:

NYS/UUP Joint Labor-Management
Committees 2 Empire State Plaza, 13th Floor
Albany, New York 12223
Phone: 518.486.4666 FAX: 518.486.9220
Email: nysuuplmc@goer.ny.gov

The New York State/United University Professions Joint Labor-Management Committees do not discriminate on the basis of race, color, national origin, gender, religion, age, disability, or sexual orientation in the admission to, access to, or employment in its program activities. Reasonable accommodation will be provided on request.