



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

**Dr. Nuala McGann Drescher Leave Program Application**

This application must be completed for consideration for the Drescher 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                  Academic

Select all that apply:

Gender:	Female	Male	Minority Group Member	Yes	No
Disabled:	Yes	No	Military Status	Yes	No
Under-Represented:					

**PART B: PROPOSAL INFORMATION**

1. Dates of proposed project/activity:    From: To:
2. A. Project/Activity Title:
2. B. Brief description of the proposed project/activity. (250 words or fewer)

3. A. Appointment dates for:

Continuing Appointment:

Permanent Appointment:

3. B. Date of submission of tenure review file:

**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**

<b>Amount Requested From</b>		
<b>Campus</b>	<b>Other</b>	<b>NYS/UUP</b>
<b>Contributions</b>	<b>Sources*</b>	<b>JLMC</b>

1. Travel and Related Expenses.

Include a separate entry for each trip.

A.

Lodging: Amt./Day	No. of Days	Total
Dates: From:	To:	
Location:		

Meals: Amt./Day	No. of Days	Total
Dates: From:	To:	
Location:		

Transportation Mode:	Amount
Location: From:	To:

B.

Lodging: Amt./Day	No. of Days	Total
Dates: From:	To:	
Location:		

Meals: Amt./Day	No. of Days	Total
Dates: From:	To:	
Location:		

Transportation Mode:	Amount
Location: From:	To:

C.

Lodging: Amt./Day	No. of Days	Total
Dates: From:	To:	
Location:		

**Expenditures**

**Amount Requested From**  
**Campus Contributions      Other Sources\*      NYS/UUP JLMC**

Meals: Amt./Day                      No. of Days                      Total  
Dates: From:                              To:  
Location:

Transportation Mode:                              Amount  
Location: From:                                      To:

2. Tuition (at SUNY rate) Specify  
Institution:  
No. of Credits                              Amount

3. Registration fees. Specify.  
Conferences, Seminars or Workshops  
Name of Event:  
Fee Amount:

4. Replacement Salary:                              Amount:

5. Other Expenses: Describe and Specify\*\*  
Description:  
Amount:

TOTAL REQUESTED

Campus Contribution                              %

\*Identify Other Sources:

Justification for Other Expenses:

**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.

A description of the proposed/activity's job relatedness and how it may assist in achieving permanent or continuing appointment.

A detailed timeline proposed under Eligibility.

Copies of all appointment letters (initial, renewal, and current). If unavailable, a letter from the administration certifying the titles and effective dates of all appointment letters will be accepted.

A signed certification from the campus president or designee attesting that the employee qualifies for preference will be given to employees who demonstrate they are under-represented in their department, unit, program or school on the basis of their protected class status including but not limited to age, race, creed, color, sex, sexual orientation, national origin, military or veteran status, disability, gender expression and gender identity.

A letter of endorsement for full-time leave for the duration of the leave from the campus president or designee.

A letter of endorsement from the department or program dean, chair, director or supervisor and UUP chapter president.

A letter from the campus president or designee indicating the campus's financial contribution of a minimum of 40% of the cost of salary for a replacement for the duration of the leave and a minimum of 40% of the total project or activity expenses. 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.

A financial statement from the campus fiscal officer indicating the cost of salary for a replacement for the duration of the leave.

An acknowledgment from the applicant of an obligation to return to the campus for a minimum of one year at the conclusion of the leave unless this obligation is waived by the campus president or designee

Curriculum vitae (no more than three pages).

**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](mailto: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.*