Application for Leave Fellowship

Deadline: Fund (Sabbatical) January 15, 2023

If the deadline date falls on a Saturday, Sunday, or statutory holiday, applications will be accepted on the next working day. Normally, late applications will not be accepted.

Checklist:

In order for an application to be considered by the Leave Fellowship Fund Committee the following is required:

- A budget and brief description of the goals for the sabbatical
- An up-to-date CV
- A completed application form with required signatures
- A completed Comments from the Chair form attached herewith

Please note: We have moved to email submission. All supporting documents are required and applications will only be accepted by email.

Please compile all your supporting documentation and send it as one single PDF document to leaves.yufa@gmail.com with “Leave Fellowship Fund (Sabbatical) Application” in the subject line.
Leave Fellowship Fund (Sabbatical)  
Application Form

Name: ____________________________________________

Academic Rank: _____________  Department: ________________

Employee Number: ______________________________________

Faculty/Library: _________________________________________

Campus Address: _______________________________________

Telephone (office): ______________________________________

Telephone (home): ______________________________________

Generic Research Account Number:_________________________

Year Appointed to York Faculty/Library: _____________________

Sabbatical Period:  From: ___________  To: ___________

     dd/mm/yy               dd/mm/yy

Amount Requested: [ ]

*Not to exceed 10% of your academic base salary to a maximum of $15,000

Title of Project:________________________________________
Provide a budget (what is the requested money to be used for?), and explain the need for the funds you have requested.
Names of Referees:

Please list the names of two referees who may be contacted if committee needs additional information: if appropriate one or more may be external.

1. Name: ____________________________________
   Title: ____________________________________
   Address: ____________________________________

2. Name: ____________________________________
   Title: ____________________________________
   Address: ____________________________________
Briefly describe your plans for your sabbatical: what are your goals? If your main focus is on a project, describe the objectives, significance and importance of the project. (Please limit your statement to less than 1,000 words, using additional pages as necessary).
Have you applied for other funding?

Yes __________

No __________

If yes, please give details:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Have you received other funding?

Yes __________

No __________

If yes, please give details:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Human Participants:

Does your proposed program of work involve human beings as research subjects?

Yes ________

No ________

*If Yes, a completed copy of the Human Participants Questionnaire must be attached. Contact research@yorku.ca or 55055 to obtain a copy of the questionnaire

Does your proposed program of work involve the use of vertebrate animals?

Yes ________

No ________

*If Yes, approval of the project by the York Animal Care Committee must be attached.

Does the project deal with recombinant DNA molecules and/or animal viruses and cells?

Yes ________

No ________

*If Yes, approval from the President’s Advisory Committee on Biological Safety is required.

*Submit one copy only

________________________________________________________________________________

__________________________  ____________
Signature of Applicant                  Date
Application for Leave Fellowship Fund (Sabbatical)

Applicants should submit this form (and a copy of their application) to the department Chair. The Chair will forward his/her comments to the YUFA office, leaves.yufa@gmail.com
If Chair is an applicant, or in units which have no chair, the form should be submitted to the Dean/Principal/University Librarian/ or Associate Dean.

Comments from Department Chair

Name of Applicant:

Comments from the Chair: (Department Chairs should be aware that these comments will be made available to the applicant, if the applicant so requests)

________________________________________
________________________________________
________________________________________
________________________________________

________________________________________

Signature of Chair
(Dean/Principal/Associate Dean) __________________________ Date __________________________

Please return to applicant in time for them to include this letter in their application package, which must be submitted by January 15 2023