

RULES AND PROCEDURES FOR PROFESSIONAL REASSIGNMENT LEAVE

1. PURPOSES:

For research, scholarly writing and other recognized professional activities which enhance the recipient's contribution to the University.

2. ELIGIBILITY:

Members of the Library and Counseling Instructional Staff in the titles Professor, Associate Professor, Assistant Professor, Instructor and Lecturer.

3. DURATION:

Up to four calendar weeks or twenty work days based on a five day per week schedule within the period September 1 through August 31. The reassignment may be for non-consecutive days if the nature of the project so requires.

4. PROPOSALS:

a. Application: an eligible staff member may submit to the departmental personnel and budget committee a proposal which shall detail the research, writing or other professional activity to be undertaken with the dates for which the reassignment is requested. The application shall set forth the manner in which the reassignment will enhance the recipient's contribution to the University and the manner in which the proposal will further the recipient's development in his/her field.

b. Approval: Each application for reassignment shall be subject to the approval of the departmental personnel and budget committee, the college-wide personnel and budget committee, the president of the college and the CUNY Office of the Vice Chancellor for Academic Affairs. It shall be understood that the reassignment will not require an additional expenditure of funds for replacement or other costs.

c. Schedule for applying: for Reassignment Leave to take place between February 1 and August 31, applications must be submitted by November 1st of the prior year. For Reassignment Leave to take place between September 1 and January 31, applications must be submitted by February 1st.

5. REPORT:

A report of the activities undertaken while on reassignment leave shall be submitted to the President of the College with copies to the Vice President for Academic Affairs (for Librarians) or the Vice President of Student Affairs (for Counselors) and a copy to the office of Human Resources within two months after completion of the reassignment.

**Borough of Manhattan Community College
Office of Human Resources**

APPLICATION FOR PROFESSIONAL REASSIGNMENT LEAVE

BOROUGH OF MANHATTAN COMMUNITY COLLEGE **DATE:** _____

NAME: _____ **SOCIAL SECURITY #:** _____

RANK: _____

I am applying for a Reassignment Leave in accordance with the rules and procedures governing such reassignments as established by the Board of Trustees, CUNY and the PSC/CUNY Agreement,*

Purpose of Reassignment:

Nature of Work: (How it will contribute to the City University or to the applicant's professional development.)

Proposed Dates of Reassignment:

_____ Consecutive working days
From: _____ To: _____

_____ Non-consecutive working days
Dates: _____

Location: (Where the project will be carried out and authorities to be consulted – if appropriate.)

Previous reassignment Leaves:

Name of research topic:	Dates:
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Applicant: _____ **Date:** _____

APPLICANT'S NAME: _____

Proposed arrangements for coverage during leave period. To be completed by Department Chairperson.)

Signature of Department Chairperson

Date: _____

Recommendation of Department P&B:

_____ Approved
_____ Not Approved

Signature of Department P&B Chairperson

Date: _____

Recommendation of College P&B:

_____ Approved
_____ Not Approved

Signature of College P&B Chairperson

Date: _____

Recommendation of the President to the CUNY Vice Chancellor for Academic Affairs:

_____ Approved
_____ Not Approved

Signature of the President or Designee:

Date: _____

BOROUGH OF MANHATTAN COMMUNITY COLLEGE

Name of applicant: _____

Rank: _____ **Department** _____

Period of Requested Reassignment:

_____ Consecutive working days;
From: _____ To: _____

_____ Non-consecutive working days;
Dates: _____

Action of Office of Academic Affairs

Approved: _____ Not Approved: _____ Date: _____

<p><u>For College Use:</u> _____ Date received: _____</p> <p>Date of Chancellor's Report: _____</p> <p>Date of submission of report upon return from leave: _____</p> <p>Date of Transmittal; of copy of Report to CUNY Office of Academic Affairs: _____</p>
