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.
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: __________

For College Use: Date received: _______________________

Date of Chancellor’s Report: _________________________

Date of submission of report upon return from leave: _______________________

Date of Transmittal; of copy of Report to CUNY Office of
Academic Affairs: ___________________________