

Application for Leave Fellowship Fund (Sabbatical)

Deadline: January 15, 2019

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: **An original plus four copies of the application and all supporting documents are required.**

Please address all correspondence to:

Secretary, Sabbatical Leave Fellowship Fund
c/o YUFA, 240, York Lanes

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

After completing the above application, please submit an original plus four copies of the application and supporting documents directly to YUFA, 240, York Lanes.
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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, 240, York Lanes. 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/University Librarian/Associate Dean)

Date

Please return by January 15 2019:

Secretary, Sabbatical Leave Fellowship Fund
c/o YUFA, 240, York Lanes