Application for Leave Fellowship Fund

Deadline: (Sabbatical) January 15, 2020

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:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________

________________________________________________________________________
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

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Signature of Applicant Date

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

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, 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       Date
(Dean/Principal/University Librarian/Associate Dean)

Please return by January 15 2019:

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