



NEW YORK STATE/UNITED UNIVERSITY PROFESSIONS
JOINT LABOR-MANAGEMENT COMMITTEES

Dr. Nuala McGann Drescher Leave Program Application

This application must be completed for consideration for the Dr. Nuala McGann Drescher Leave Program. Prior to completing this application, review the program guidelines for the Program and read the Application [Instructions](#). Prior to filling out this application, save it to your files. After filling out this application form, print it, obtain the required signatures and submit it, with all attachments, as directed at the bottom of the form. Be advised that an incomplete application will not be considered.

PART A: APPLICANT INFORMATION

Name _____ Title/Rank _____

Email _____ Work Phone _____

Division/Program/Department _____

Work Address _____

Campus _____

___ Professional ___ Academic

Select all that apply:

Gender: ___ Female ___ Male Minority Group Member: ___ Yes ___ No

Disabled: ___ Yes ___ No Military Status: ___ Yes ___ No

PART B: PROPOSAL INFORMATION

1. Dates of proposed project/activity: From: _____ To: _____

2. A. Project/Activity Title: _____

B. Briefly describe the proposed project/activity and it job relatedness in 250 words or fewer.

3. A. Appointment dates for:
 Continuing Appointment _____ Permanent Appointment _____

B. Date of submission of tenure review file: _____

PART C: BUDGET SUMMARY

Complete only those sections that are applicable to your project or activity and specify the type of expenditure for each item. All expenditures must be itemized and justified. A separate Budget Summary must be completed for each semester for which funding is being requested.

Semester Date: _____ From: _____ To: _____

Expenditures	Amount Requested From		
	Campus Contribution	Other Sources*	NYS/UUP JLMC
1. Travel and Related Expenses. Include a separate entry for each trip.			
A. Lodging: Amt./Day _____ No. of Days _____ Total _____ Dates: From: _____ To: _____ Location: _____ Meals: Amt./Day _____ No. of Days _____ Total _____ Dates: From: _____ To: _____ Location: _____ Transportation Mode _____ Amount _____ Location: From: _____ To: _____ _____			
B. Lodging: Amt./Day _____ No. of Days _____ Total _____ Dates: From: _____ To: _____ Location: _____ Meals: Amt./Day _____ No. of Days _____ Total _____ Dates: From: _____ To: _____ Location: _____ Transportation Mode _____ Amount _____ Location: From: _____ To: _____ _____			
C Lodging: Amt./Day _____ No. of Days _____ Total _____ Dates: From: _____ To: _____ Location: _____			

Expenditures	Amount Requested From		
	Campus Contribution	Other Sources*	NYS/UUP JLMC
Meals: Amt./Day _____ No. of Days _____ Total _____ Dates: From: _____ To: _____ Location: _____ Transportation Mode _____ Amount _____ Location: From: _____ To: _____			
2. Tuition (at SUNY rate). Specify Institution: _____ No. of Credits: _____ Amount: _____			
3. Registration fees for conferences, seminars, or workshops. Specify. Name of event: _____ Fee Amount: _____			
4. Replacement Salary: _____ Amount: _____			
5. Other Expenses: Describe and Specify ** Description: _____ Amount: _____			
TOTAL REQUESTED			

*Identify Other Sources:

**Justification for Other Expenses:

THIS APPLICATION WILL NOT BE PROCESSED UNLESS THERE IS A MINIMUM 40% CAMPUS CONTRIBUTION

PART D: REQUIRED ATTACHMENTS

All required attachments listed below must be submitted with the application.

- ___ A proposed project or activity described under Eligibility.
- ___ A detailed timeline proposed under Eligibility.
- ___ Copies of all appointment letters (initial, renewal, and current). If unavailable, a letter from the administration certifying the titles and effective dates of all appointment letters will be accepted.
- ___ A signed certification from the campus president or designee attesting that the employee qualifies for preference as a minority group member, a woman, an employee with a disability, or an employee with military status.
- ___ A letter of endorsement for full-time leave for the duration of the leave from the campus president or designee.
- ___ A letter of endorsement from the department or program dean, chair, director or supervisor and UUP chapter president.
- ___ A letter from the campus president or designee indicating the campus's financial contribution of a minimum of 40% of the cost of salary for a replacement for the duration of the leave and a minimum of 40% of the total project or activity expenses. NYS/UUP Joint Labor-Management Committees' funds that have been awarded to the campus should not be included as part of the campus's contribution.
- ___ A financial statement from the campus fiscal officer indicating the cost of salary for a replacement for the duration of the leave.
- ___ An acknowledgement from the applicant of an obligation to return to the campus for a minimum of one year at the conclusion of the leave unless this obligation is waived by the campus president or designee
- ___ Curriculum vitae (no more than three pages).

ACKNOWLEDGEMENT AND SIGNATURES

____ I have read the program guidelines and understand that only documented expenditures pursuant to the procedures described in those guidelines and approved by the Affirmative Action/Diversity Committee will be reimbursed. I understand that expenditures will be reimbursed subject to the New York State Comptroller's Rules and Regulations. I understand that any changes to this project or activity must be pre-approved by the Affirmative Action/Diversity Committee. I also understand that the NYS/UUP Joint Labor-Management Committees must be acknowledged as a source of funding.

Applicants Signature Date: _____

Campus President/Designee Signature Date: _____
Title

Campus President/Designee (PRINT Name and Title)

UUP Chapter President Signature Date: _____

UUP Chapter President (PRINT Name and Title)

Submit completed application and all required attachments pursuant to the deadline date specified in the program guidelines to:

NYS/UUP Joint Labor-Management Committees
2 Empire State Plaza, 13th Floor
Albany, New York 12223
Phone: 518.486.4666 FAX: 518.486.9220
Email: nysuuplmc@goer.ny.gov

The New York State/United University Professions Joint Labor-Management Committees do not discriminate on the basis of race, color, national origin, gender, religion, age, disability, or sexual orientation in the admission to, access to, or employment in its program activities. Reasonable accommodation will be provided on request.