Application for Leave Fellowship Fund (Sabbatical)

Deadline: January 15, 2012

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, 261 Health, Nursing & Environmental Studies
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 $12,500

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

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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, 261 Health, Nursing & Environmental Studies Building
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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, 261 Health, Nursing & Environmental Studies Building. 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 2012:

Secretary, Sabbatical Leave Fellowship Fund
c/o YUFA, 261 Health, Nursing & Environmental Studies Building