



New York University

Faculty of Arts and Science

5 Washington Square North

APPLICATION FOR LEAVE OF ABSENCE WITH PAY, LEAVE OF ABSENCE WITH PARTIAL PAY, LEAVE OF ABSENCE WITHOUT PAY, AND GODDARD FELLOWSHIP

**APPLICATION FOR
(Check One)**

Leave of Absence With Pay

Leave of Absence With Partial Pay

Leave of Absence Without Pay

Goddard Fellowship (At Full Pay)

NAME: _____
Last First Middle

HOME ADDRESS: _____

DEPARTMENT: _____ TITLE: _____

ARE YOU APPLYING FOR A YEAR? A HALF YEAR?

PURPOSE OF LEAVE:

STATE INTERVAL OR DATES OF CONTEMPLATED LEAVE: _____

IF YOU HAVE APPLIED FOR SUPPLEMENTAL FINANCIAL AID TO AN OUTSIDE AGENCY, FOR THE PERIOD OF THE PROPOSED LEAVE OF ABSENCE, YOU MUST SUBMIT A COPY OF THE AWARD LETTER UPON APPROVAL. PLEASE STATE:

NAME OF AGENCY: _____

ADDRESS OF AGENCY: _____

AMOUNT OF SUPPLEMENTAL FINANCIAL AID SOUGHT: _____

IF YOU HAVE APPLIED FOR A SALARY SUPPLEMENT FROM FAS, ATTACH COPY OF REQUEST AND/OR APPROVAL. NOTE: SUPPLEMENTS ARE AT THE DISCRETION OF THE DEAN OF FAS.

DATE: _____ SIGNATURE OF APPLICANT: _____

THE FOLLOWING INFORMATION TO BE FILLED OUT BY CHAIRPERSON:

IS THIS LEAVE TO BE COUNTED AS SERVICE TOWARD SABBATICAL ELIGIBILITY AND, IF APPLICABLE, TENURE?

YES NO N/A

SIGNATURE

Chairperson _____ Date _____

Dean _____ Date _____