Competitive Fellowship Leave Instructions (2026-2027)

Form 1: CFL Replacement Agreement and Authorization Form

Page 1 – Section A

- Complete all fields
- Chair signature, date, name and title (Signature or DocuSign-no typed signature)
- Attach copy of formal award letter

Page 2 – Section B

- Fill in Section B ONLY if you choose payroll deductions and receive the award directly.
- Enter from/to dates of leave
- Agreement is for leave and instructional replacement costs as outlined below in the amount of $_____
- Enter minimum instructional replacement costs for 2026-2027: $66,648 (2 semester leave) $33,324 (1 semester leave)
- Requestor's Signature - sign and date (Signature or DocuSign-no typed signature)
- Dean/Chair/Director's Endorsement: Enter Chair signature, date, name and title (Signature or DocuSign-no typed signature)
- Do not fill in Section C or D
- SAS-HR will obtain Division Dean signature

Form 2: SAS Direct Payment CFL Replacement Agreement and Authorization Form

- Enter Requester Name and Department
- Complete Section B – enter leave dates and total amount award amount from funding institution
- Check one - No "Request for CFL Funds" submitted or "Request for CFL Funds" attached
- Enter institution name, contact phone and email
- Choose a method of payment
- Requestor's Signature – sign and date (Signature or DocuSign-no typed signature)
- Chair's Endorsement – sign, date and type name (Signature or DocuSign-no typed signature)
- Section C - Division Dean's Endorsement - SAS-HR will obtain Division Dean signature

Form 3: Request for Supplemental Research Funds

- Fill out Form 3 only if you chose "Request for CFL Funds" from Form 2
- Amount is calculated by the total award, minus the replacement costs and research funds you receive
- 2026-2027: $66,648 for a two-semester leave and $33,324 for a one-semester leave
- Supplemental research funds are to be used during the period of time while on the CFL
- Funds will not be carried over upon the return from leave

Page 1

- Enter Requester Name, Department and Host Institution
- 1. Amount of fellowship
- 2. Annual research funds from SAS
- 3. Enter replacement cost for leave period
- 4. Add lines #2 and #3
- 5. Subtract lines #1 and #4
- 6. Divide #5 by 2

Page 2

- Describe the funded research project
- Itemize research needs and costs
- Requestor's Signature - sign and date (Signature or DocuSign-no typed signature)
- Department Chair – sign, date and type name (Signature or DocuSign-no typed signature)
- Division Dean – SAS-HR will obtain this signature

Form 4: Direct Payment Instructions

Form should be given to the contact person at host institution for payment arrangements.