COMPETITIVE FELLOWSHIP LEAVE REPLACEMENT AGREEMENT AND AUTHORIZATION FORM 2026-2027

The Competitive Fellowship Leave Program Guidelines are for faculty members in the AAUP-AFT negotiations unit but does not apply to faculty members formerly represented by the AAUP-BHSNJ ("Legacy BHSNJ Faculty Members"). Information about leaves for Legacy BHSNJ Faculty Members is available on the RBHS Faculty Affairs website at the following URL: https://facultyaffairs.rbhs.rutgers.edu/faculty-resources/faculty-leaves-of-absence/

SECTION A: Requestor Information and Department Chair Endorsement

Requestor's Name:_____ Date: _____

Employee ID Number: _____

Account **and** Position Number: N/A

Unit and Department: _____

Campus Address:_____

_____

_____

E-Mail Address: _____

Home Address: _____

_____

_____

Campus Telephone:_____ Home Telephone: _____

Requests leave of absence with pay for the purpose of:

_____

_____

_____

_____

_____

Name of Funding Agency _____

(Please attach copy of award letter(s).)

Title of Research Proposal _____

Department Chair Endorsement_____/_____

(Type name and title below signature) Date

COMPETITIVE FELLOWSHIP LEAVE REPLACEMENT AGREEMENT AND AUTHORIZATION FORM

SECTION B: Requestor and Newark/Camden Dean or Chair/Director Agreement

I am requesting a Competitive Fellowship Leave from _____ to _____ and agree to pay for my replacement or for equivalent resources by payroll deductions. It is understood that, if necessary, any monies due that cannot be collected by payroll deductions will require a "by-arrangement" payback agreement with the University Controller. It is also understood that all financial arrangements are to be completed **BEFORE** the start of the Competitive Fellowship Leave period.

Agreement is for leave and instructional replacement costs as outlined below in the amount of $_____

Requestor's Signature _____/_____
Date

Dean/Chair/Director's Endorsement _____/_____
(Type name and title below signature) Date

SECTION C: Final Endorsement of Newark/Camden Chancellor or New Brunswick Dean

Chancellor/Dean Endorsement _____/_____
(Type name and title below signature) Date

SECTION D: University Payroll Services

Date Received _____

This is to certify for _____ _____
(Type requestor's full name) (Employee ID #)

NET BI-WEEKLY PAYMENT* OF $_____ AS OF (Date) _____

BASIS IS CURRENT ANNUAL GROSS SALARY OF $ _____

Manager's/Asst. Manager's Signature _____/_____
(Type name and title below signature) Date

*If the amount of the leave replacement payback is in excess of the monies available through payroll withholding, a "by-arrangement" payback agreement must be completed as provided in Section B.

NOTE: Immediately following approval of the leave and the decision on how the reimbursement to the University has been made (before the effective date of the leave), *the faculty member must consult with one of the following contacts to complete the financial arrangements of the leave:*

For direct payment to the University –Raina Patel (rhp69@finance.rutgers.edu)
For payroll deductions – Ann Marie Lane (al1709@finance.rutgers.edu)

Please keep a copy of this form for your records. Upon final approval, a "broadcast letter" with a copy of the completed CFLR Form will be sent to you for your records.

Issued: 02/26