

**COMPETITIVE FELLOWSHIP LEAVE REPLACEMENT  
AGREEMENT AND AUTHORIZATION FORM 2024-2025**

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: \_\_\_\_\_

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

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**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](mailto:rhp69@finance.rutgers.edu))

For payroll deductions – Deborah Jackson ([jacksodm@payroll.rutgers.edu](mailto:jacksodm@payroll.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.