

Competitive Fellowship Leave Instructions (2023-2024)

Form 1: CFL Replacement Agreement and Authorization Form

Page 1

Complete Section A

Chair signature required at the bottom

Attach copy of award letter

Page 2

Complete Section B*

****Fill this in ONLY if you choose payroll deductions and receive the award directly.***

Insert from/to dates of leave

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

Note: Instructional replacement costs - \$46,392 (2 semester leave) \$23,196 (1 semester leave)

Sign and date (Requestor's Signature)

Chair signature required (Dean/Chair/Director's Endorsement)

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

Fill in your name and department.

Complete Section B – enter the leave time and amount of award

Check **one** - No "Request for CFL Funds" submitted or "Request for CFL Funds" attached

Fill in the institution name, contact phone and email.

Choose a method of payment Sign and date (Requestor's Signature)

Chair signature required (Chair's Endorsement)

Form 3: Request for Supplemental Research Funds

This form should be filled out should you choose to ask for additional research funds.

This amount is calculated by using the award, minus the replacement costs and research funds you receive.

(\$46,392 for two semester leaves and \$23,196 for one semester leaves)

Page 1

Complete request and be sure to include annual research funds you receive on line 2

Page 2

Describe your project and itemize research needs and costs

Sign and date (Requestor's Signature)

Chair signature required (Endorsements: Department Chair)

Form 4: Overview / Explanation of Forms

Form 5: Direct Payment Instructions

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

Form 6: Tax Implications Article

This is information should you choose to keep the fellowship and take a payroll deduction