

**COMPETITIVE FELLOWSHIP LEAVE REPLACEMENT
AGREEMENT AND AUTHORIZATION FORM 2021-2022**

RBHS faculty in legacy UMDNJ positions should contact their School Faculty Affairs for applicable leave forms and instructions.

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 – Tatiana Miller, Accounting Manager II (848-445-5481)
For payroll deductions – Dee Wiggins, Payroll Manager (848-445-5282).

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.