



NEW YORK STATE/UNITED UNIVERSITY PROFESSIONS JOINT LABOR-MANAGEMENT COMMITTEES  
**Dr. Nuala McGann Drescher Leave Program Application**

**IMPORTANT NOTE: Prior to filling out the application, download the application and save it to your files.**

This application must be completed for consideration for the Drescher Leave Program. Prior to completing this application, review the guidelines for the Program and read the Application instructions included on this form. After filling out this application form, print it, obtain the required signatures and submit it with all attachments as directed at the bottom of the form.

*Be advised that an incomplete application will not be considered.*

**Part A: APPLICANT INFORMATION** (Fill out the required information about yourself)

Name	Title/Rank
Email	Work Phone
Division/Program/Department	
Work Address	
Campus	
Professional	Academic

**Please describe how you qualify for this program.** Preference will be given to employees who are underrepresented based on their protected class status including but not limited to age, race, creed, color, sex, sexual orientation, national origin, military or veteran status, disability, gender expression and gender identity. This program also seeks to promote diversity, inclusion and equal opportunity for specific employees in a department, unit, or program that can demonstrate that they are under-represented in that department, program, or unit.  
(750 characters max)

**Part B: PROPOSAL INFORMATION**

Dates of proposed project/activity: From \_\_\_\_\_ To \_\_\_\_\_

Project/Activity Title:

Attach a description of your project/activity.

**Appointment Dates**

Continuing Appointment:

Permanent Appointment:

Date of submission of your tenure review file:

*(Academics: This date refers to the date that your file will be submitted to the department committee for review. Professionals: This date refers to the date the professional’s supervisor will make a recommendation on a permanent appointment)*

**Part C: BUDGET SUMMARY INSTRUCTIONS**

Complete only those sections that are applicable to your project or activity and specify the type of expenditure for each item. All expenditures must be itemized and justified. Replacement salary is the cost to have someone replace you without fringe.

All expenditures must be in accordance with the [New York State Comptroller’s Rules and Regulations](#).

All travel must fall into the guidelines set forth by the [Comptrollers Rules and Regulations](#).

A separate Budget Summary must be completed for each semester for which funding is being requested.

New York State reimburses employees for overnight lodging and meals based on an allowance established by the General Service Administration (GSA) for travel within the continental US (CONUS) and by the Department of State for travel outside the continental US (OCONUS). By adhering to these allowances, reimbursements for meals and lodging are not taxable to the employee.

Per Diem Rates: Domestic Rates:

New York State has accepted the GSA rates set for travel. Rates are available by Federal Fiscal year which begins on October 1 of each year. These rates are found at <http://www.gsa.gov/portal/category/104711>. Users can change the fiscal year to identify approved rates for prior periods.

Foreign Rates:

The Department of State updates OCONUS rates on the first of each month, these rates can be found at [https://aoprals.state.gov/web920/per\\_diem\\_action.asp?MenuHide=1&CountryCode=0000](https://aoprals.state.gov/web920/per_diem_action.asp?MenuHide=1&CountryCode=0000).

**Part C: BUDGET SUMMARY (continued)**

Complete only those sections that are applicable to your project or activity and specify the type of expenditure for each item. All expenditures must be itemized and justified.

A separate Budget Summary must be completed for each semester for which funding is being requested.

Semester Date: From \_\_\_\_\_ To \_\_\_\_\_

<b>Expenditures</b>			<b>Amount Requested From</b>		
			<u>Campus</u>	<u>Other*</u>	<u>JLMC</u>
Travel and Related Expenses. Include a separate entry for each trip.					
<b>Trip A</b>					
Lodging: Amt./Day	No. of Days	Total			
Dates: From	To				
Location:					
Meals: Amt./Day	No. of Days	Total			
Dates: From	To				
Location:					
Transportation Mode:		Amount			
Location: From	To				
<b>Trip B</b>					
Lodging: Amt./Day	No. of Days	Total			
Dates: From:	To				
Location:					
Meals: Amt./Day	No. of Days	Total			
Dates: From	To				
Location:					
Transportation Mode:		Amount			
Location: From	To				
<b>Trip C</b>					
Lodging: Amt./Day	No. of Days	Total			
Dates: From	To				
Location:					

**Expenditures (continued)**

**Amount Requested From**  
Campus      Other\*      JLMC

Meals: Amt./Day      No. of Days      Total  
Dates: From      To  
Location:

Transportation Mode:      Amount  
Location: From      To

**Tuition (at SUNY rate)**

Institution:  
No. of Credits:      Amount

**Registration fees for conferences, seminars,  
workshops, etc.**

Name of Event:  
Fee Amount:

**Replacement Salary**      Amount  
**(excluding fringe):**

**Other Expenses\***

Description:  
Amount:

**TOTAL REQUESTED**

**Campus Contribution**

**THIS APPLICATION WILL NOT BE PROCESSED UNLESS THERE IS A MINIMUM 20% CAMPUS CONTRIBUTION**

**\*Justification of other sources and expenses**

## **PART D: REQUIRED ATTACHMENTS**

All required attachments listed below must be submitted with the application.

A description of the proposed/activity's job relatedness and how it may assist in achieving permanent or continuing appointment.

A detailed timeline proposed under Eligibility.

Copies of all appointment letters (initial, renewal, and current). If unavailable, a letter from the administration certifying the titles and effective dates of all appointment letters will be accepted.

A signed certification from the campus president or designee attesting that the employee qualifies for preference will be given to employees who demonstrate they are under-represented in their department, unit, program, or school on the basis of their protected class status including but not limited to age, race, creed, color, sex, sexual orientation, national origin, military or veteran status, disability, gender expression, and gender identity.

A letter of endorsement for full-time leave for the duration of the leave from the campus president or designee.

A letter of endorsement from the department or program dean, chair, director, or supervisor and UUP chapter president.

A letter from the campus president or designee indicating the campus's financial contribution of a minimum of 20% of the cost of salary for a replacement for the duration of the leave and a minimum of 20% of the total project or activity expenses. NYS/UUP Joint Labor-Management Committees' funds that have been awarded to the campus should not be included as part of the campus's contribution.

A financial statement from the campus fiscal officer indicating the cost of salary for a replacement for the duration of the leave.

An acknowledgment from the applicant of an obligation to return to the campus for a minimum of one year at the conclusion of the leave unless this obligation is waived by the campus president or designee.

Curriculum vitae (no more than three pages).

**ACKNOWLEDGEMENT AND SIGNATURES**

I have read the program guidelines and understand that only documented expenditures pursuant to the procedures described in those guidelines and approved by the Diversity and Inclusion (Drescher) Committee will be reimbursed. I understand that expenditures will be reimbursed subject to the New York State Comptroller's Rules and Regulations. I understand that any changes to this project or activity must be approved by the Diversity and Inclusion (Drescher) Committee. I also understand that the NYS/UUP Joint Labor-Management Committees must be acknowledged as a source of funding.

Applicant Signature Date

Campus President/Designee Signature Title Date

Campus President/Designee (PLEASE PRINT)

UUP Chapter President Signature Date

UUP Chapter President (PLEASE PRINT)

Submit completed applications and all required attachments pursuant to the deadline date specified in the program guidelines to:

NYS/UUP Joint Labor-Management Committees  
Agency Building 2, 8th Floor  
2 Empire State Plaza  
Albany, NY 12223  
Email: [nysuuplmc@oer.ny.gov](mailto:nysuuplmc@oer.ny.gov)  
Phone: 518.486.4666

*It is the policy of the State of New York to provide for and promote equal opportunity in employment and equal access to all programs and services without discrimination on the basis of age, race, color, creed, national origin, military status, sex, sexual orientation, gender identity or expression, disability (including pregnancy-related disability or condition), predisposing genetic characteristics, marital/familial status, status as a victim of domestic violence, or prior arrest/criminal conviction record.*