

**TENURED FACULTY RESEARCH PROGRAM, 2015-16 APPLICATION**

Submission Deadline: March 31,2015  
Return to: Office of the Vice President for Arts and Sciences  
635 West 115<sup>th</sup> street, Mail Code 8122

Choose Either I or II:

**I. ALLOCATION TO BE CREDITED TOWARDS A FUTURE RESEARCH LEAVE**

I wish to credit my TFRP allocation for the 2015-16 academic year towards a Research Leave. I understand that this choice is based on the following conditions:

- I must credit the entire amount of the 2015-16 TFRP allocation (one ninth of my Academic Year salary).
- I must accumulate 4 (annual) TFRP allocations in order to take a Research Leave.
- Maximum of 8 TFRP credits are allowed to be carried at one time.
- Crediting this allocation does not affect current sabbatical policy.
- I am eligible for a Research Allowance in 2015-16.

I understand that I cannot change this request after it has been submitted.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DEPARTMENT

=====

**II. ALLOCATION TO BE RECEIVED IN 2015-16**

I wish to receive my TFRP allocation during the 2015-16 academic year. I understand that this allocation, equal to one ninth of my 2015-16 academic year salary, may be used in one of the following ways:

- 1) taken as a lump-sum payment subject to withholding taxes,
- 2) deposited in a departmental account for personnel services, or
- 3) a combination of the two.

Please disburse my allocation as follows:

a) Issue consecutive payments to me for a period of \_\_\_\_\_ months, beginning with the month of \_\_\_\_\_. I understand that this amount will be subject to withholding taxes.

b) Deposit \$\_\_\_\_\_ or \_\_\_\_\_% in the "Faculty Personnel Service Account" for my department and issue the balance of the allocation to me in consecutive payments for a period of \_\_\_\_\_ months, beginning with the month of \_\_\_\_\_. I understand that these payments will be subject to withholding taxes.

I understand that current Personnel Policy regulations will apply. Also, I understand that salaries paid to individuals will be subject to the applicable fringe rate.

I understand that I cannot change this request after it has been submitted and that I am not eligible for the Research Allowance in 2015-16.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DEPARTMENT