

FELLOWSHIP LEAVE AND SALARY SUPPLEMENT REQUEST FORM
University of California, Riverside

To: Vice Provost for Academic Personnel (Refer to [Delegation of Authority](#) for approval authority.)

Date:

1. Academic Appointee Information:

Name: _____ Dept(s): _____

Title(s) _____ College(s)/School(s): _____

2. Leave of Absence (LOA) Request

Include a leave of absence request form (UPAY 573). Form is attached.

3. Conflict of Commitment: If applicable, [APM 025](#) or [APM 671](#) (Health Sciences) Prior Approval Request Form

Form is attached Not Applicable

The [UC Regents' Standing Order 103.1\(b\)](#) states that faculty members shall not allow outside employment to interfere with primary University duties. University policy applicable to Academic Senate members is found in [APM—025](#) (general campus faculty) and [APM-671](#) (Health Science Compensation Plan Faculty); each policy includes specific time limits for certain types of outside professional activities. See [Conflict of Commitment](#) for more information.

4. Fellowship Leave with Salary Supplement

a. Start Date and Return Date:	
b. Quarter requested for LOA:	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer Academic Year
c. The quarter for return to full duty is:	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer Academic Year
d. The salary supplement from UCR is:	% and \$ amount
e. The award/stipend amount is:	% and \$ amount
f. Stipend distribution (paid to)	<input type="checkbox"/> UCR <input type="checkbox"/> Appointee

4. Additional Supporting Information

ACADEMIC APPOINTEE _____ SIGNATURE _____ DATE _____
I support the request *I do not support the request*

DEPARTMENT CHAIR _____ SIGNATURE _____ DATE _____
I support the request *I do not support the request*

DEAN _____ SIGNATURE _____ DATE _____
Approved *Denied*

VICE PROVOST FOR ACADEMIC PERSONNEL _____ SIGNATURE _____ DATE _____

FELLOWSHIP LEAVE AND SALARY SUPPLEMENT REQUEST FORM

A. PROCEDURE

A request from the faculty member must be submitted to the Department Chair at least 45 calendar days in advance and must describe the proposed activity. Allow more time if the request includes [Conflict of Commitment](#) prior approval. The Department Chair shall review the request and forward a recommendation to the Dean. Contact the department Academic Personnel staff for any questions or assistance. Faculty members should refer to their college/school policy on Fellowship Leaves.

1. Faculty member completes UPAY 573, Leave of Absence form.
2. Faculty member completes the Conflict of Commitment Prior Approval form, if applicable. See [Conflict of Commitment](#) for more information.
3. Faculty member completes the Fellowship Leave and Salary Supplement form.
4. Faculty member submits the UPAY 573, Fellowship Leave and Salary Supplement form, and any other supporting request to the Department Chair. **If request includes a Conflict of Commitment prior approval, follow the routing procedures for Category 1 prior approvals:**
<http://academicpersonnel.ucr.edu/resources/coc/025ProcessandRoutingInstructions.pdf>
5. Department Chair reviews the request, provides a recommendation and forwards the request to the Dean.
6. Dean reviews the request, provides a recommendation and forwards the request to the Vice Provost for Academic Personnel (VPAP) via the Academic Personnel Office (APO).
7. The VPAP reviews the request and provides a final decision.
8. The final decision is sent on behalf of the VPAP by APO to the candidate with a copy to the Dean and the College/School AP Director, and Payroll.
9. Department updates the Payroll/Personnel System (PPS).

B. RECORD KEEPING AND RETENTION

The Home department is the "Office of Record" for Leave of Absence records.

For UC's Records Retention Schedule, click here: <http://recordsretention.ucop.edu/>.