



NEW YORK STATE/UNITED UNIVERSITY PROFESSIONS  
JOINT LABOR-MANAGEMENT COMMITTEES

**Calendar Year Employee Leave Program Application**

This application must be completed for consideration for the Calendar Year Employee Leave Program. Prior to completing this application, review the guidelines for the Program and read the Application [Instructions](#). Prior to filling out this application, save it to your files. 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**

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

**PART B: PROPOSAL INFORMATION**

1. Dates of proposed project/activity: From: \_\_\_\_\_ To: \_\_\_\_\_
2. A. Project/Activity Title: \_\_\_\_\_
2. B. Briefly describe the proposed project/activity and its job relatedness in 250 words or fewer.



**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 Campus Grants 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 Campus Grants 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  
Empire State Plaza  
Albany, NY 12223  
Phone: 518.486.4666    FAX: 518.486.9220  
Email: [nysuuplmc@oer.ny.gov](mailto:nysuuplmc@oer.ny.gov)

*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.*