I am applying for a Reassignment Leave in the Libraries in accordance with the rules and procedures governing such reassignments as established by the Board of Trustees, CUNY.

A. Purpose of Reassignment:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

B. Nature of work and how it will contribute to the City University:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

C: Proposed dates of Reassignment (please enter the number of days):

#___ Consecutive working days (dates: _______________________________)
#___ Non-consecutive working days (dates: _____________________________)

D: Where work will be carried out; and authorities to be consulted (if applicable):

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

E: List previous Reassignments:

<table>
<thead>
<tr>
<th>Name of Research Topic</th>
<th>Time Period (e.g., Fall, 2010)</th>
</tr>
</thead>
<tbody>
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<td>______________________</td>
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</table>

F: ___________________________  ____________
Signature of Applicant  Date
CUNY Application for Professional Reassignment in the Libraries (Page 2 of 3)

Name: _____________________
College: ____________________

Proposed arrangements for coverage during leave (to be completed by Dept. Chairperson):

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

____________________________________ ____________
Signature of Department Chairperson  Date

Approval of Departmental P & B : 

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

____________________________________  ____________
Signature of Chairperson, P & B Committee  Date
Name: ___________________________
College: ___________________________

Approved dates of Reassignment (enter the number of days):

#_____ Consecutive working days (dates: ____________________________)
#_____ Non-consecutive working days (dates: ____________________________)

Please send copies of approved leaves to:

University Dean for Libraries and Information Resources
The City University of New York
535 East 80th Street
New York, NY 10075

Approved Application Received

Signed ___________________________  Date ___________

-------------------------------------------------------------------------------------------------------
| For College Use                          |
| Date Received: ________________         |
| Date of Chancellor's Report: __________|
| Date of submission of Report upon return from leave: ___________ |
| Date of transmittal of copy of Report to Office of Academic Affairs: ___________ |

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Please note:
Approved applications are due June 1 for leaves to be taken between September 1 and January 31.
Approved applications are due Dec. 1 for leaves to be taken between February 1 and August 31.

OAA/OLS
11/12 rev.