

Check One:  
Part-Time Instructor  
Temporary/On-Call  
Regular



*Office of Grants/Sponsored Programs*

Telephone: (718) 631-6357

MEMORANDUM

Fax: (718) 281-5110

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**TO:** Research Foundation Employees at Queensborough Community College | CUNY  
**FROM:** Office of Grants/Sponsored Programs  
**C:** Members of Cabinet  
**DATE:** November 1, 2018  
**SUBJECT: NOTIFICATION OF ANNUAL POLICY FOR THE RESEARCH FOUNDATION EMPLOYEES**

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It is Queensborough Community College’s policy that all grant-sponsored employees take annual leave days *during the fiscal year in which they are accrued*. This policy was developed in an effort to ensure that employees get the full benefit of their annual leave.

All RFCUNY employees are eligible to accrue annual leave with the exception of:

- Part-time Instructors – Employees working on a Part-Time basis under the RFCUNY titles: Grants Sponsored Instructor or Grants Sponsored Teacher.
- On Call, Temporary, Seasonal, and Graduate Research Assistants (GRAs)

**Queensborough Community College’s grant budgets cannot accommodate cash payouts for any annual leave balances from prior fiscal periods.** Project directors are not authorized to enter into written or verbal agreements with employees with respect to annual leave payouts. **Once funds are exhausted at the end of a given fiscal year, requests for payouts of Annual Leave balances will be denied.**

Please sign below to indicate that you have been made aware of this policy. If you have any questions or need clarification about Research Foundation policy, you should contact Patrice Osbahr at (212) 417-8670 or via e-mail at [Patrice\\_Osbahr@rfcuny.org](mailto:Patrice_Osbahr@rfcuny.org).

Thank you for your cooperation and for your ongoing efforts on behalf of our grant projects and students.

**Name of Employee:** \_\_\_\_\_

**Principal Investigator/Project Director:** \_\_\_\_\_

**Project Account Number:** \_\_\_\_\_

*I have been made aware of Queensborough Community College’s policy with respect to annual leave payouts for Research Foundation employees.*

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**Employee Signature**

**Date**



*Office of Grants/Sponsored Program*

**ANNUAL LEAVE SCHEDULING AGREEMENT FORM**

Principal Investigator/Project Director: \_\_\_\_\_

RF Project #: \_\_\_\_\_ Budget Period: \_\_\_\_\_ to \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee's Appointment Dates: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Current Annual Leave Balance	Total Hours of New Appointment	Employee Years of Service	New Annual Leave Accrual	Total Annual Leave

The above-named employee will accrue a total of \_\_\_\_\_ annual leave hours. It is agreed that all annual leave will be scheduled and taken as follow by the end of the employee's appointment period or by the project's end date, whichever is first. In order to remain on-schedule, at least \_\_\_\_\_ hours of annual leave should be taken by \_\_\_\_\_. **Grant funds are not always available nor do sponsor regulations always permit employees to be paid for any unused annual leave.**

Indicate potential annual leave usage by month:

Month	# of hours

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Principal Investigator / Project Director Signature Date