Revised CLAS Policy on Faculty Fellowship Applications

One of the goals of the CLAS strategic plan is to encourage faculty to seek academic-year fellowships that promote their research and scholarship and enhance their credentials. This policy statement on faculty fellowship applications is designed to minimize uncertainty about levels of supplemental financial support that prospective fellowship winners can expect to receive from the college.

As prevailing budgetary conditions allow, the college intends to provide supplemental salary support for recipients of major research fellowships awarded by widely known national and international fellowship-granting agencies. The amount of college support for other awards will be negotiated on a case-by-case basis.

The criteria used to determine the level of college support include: (1) the amount of money associated with the fellowship, (2) duration and timing of the fellowship, (3) value of the activity to the faculty member’s research career and to the college, (4) intensity of competition for the fellowship, and (5) the national and/or international scale of the fellowship competition. College support will normally not be provided for visiting professorships or for fellowships that are principally for teaching.

Please note that college supplementary support is calculated by subtracting the amount of the award from a fellowship recipient's regular nine-month compensation, including both salary and benefits.

The process of providing supplemental support is simplest when recipients have the fellowship funds transferred to the University of Florida by the granting agency, or else endorse the award check over to the University of Florida. In these cases, since compensation is paid during the nine-month academic year, no part of the award can be used for salary support during summer months. Where transfer of funds to the University of Florida is not possible or feasible, it will be necessary to reduce the awardee's UF nine-month FTE, which will normally result in a reduction in benefits.

Please contact main HR Benefits (https://hr.ufl.edu/benefits/) for further information.

Faculty members must submit the application form (below) at least three weeks prior to applying for a fellowship. The college cannot guarantee support for faculty members who fail to complete the application and subsequently receive a fellowship. Note that chair approval is mandatory.

Please append a two-page, single-spaced statement in which you (a) describe the proposed research project, (b) outline any form of in-kind support required of the college by the fellowship-granting agency, and (c) address the five criteria cited above as they relate to the
fellowship for which you are applying. Chairs should transmit approved applications to Associate Dean David Pharies.

If your fellowship application is successful, please forward the notification letter to David Pharies as it is needed for initiating the process of administering the award.
Name:___________________________________________________________________________

Department:___________________________________________________________________________

Name of fellowship program and granting agency:____________________________________

_________________________________________________

Proposed fellowship period (semester or AY):__________________________

Amount of salary compensation provided by the fellowship:__________________________

Amount of salary, benefits, and in-kind support requested from CLAS during fellowship period:

_________________________________________________

Applicant signature/date_______________________________________________________

Amount of salary return money requested by department (maximum: 40% of fellowship salary savings):

_________________________________________________

Chair signature/date___________________________________________________________

College commitment to awardee:___________________________________________________

_________________________________________________

Amount of salary return to department:_______________________________________________

Dean signature/date_____________________________________________________________