
APPLICATION FOR SABBATICAL LEAVE – UNIVERSITY OF ILLINOIS

Date: _____
Campus: UIC UIS UIUC

NAME: _____ UIN: _____ RANK: _____

DEPT/SCHOOL/COLLEGE: _____

List all joint tenure-track or tenured appointments including department, college/school (approvals must be obtained).

Date of Appointment to Faculty _____ Date and Duration of Previous Sabbatical _____

Date and Duration of all prior Leaves Without Pay (if taken)

PROPOSED PERIOD OF LEAVE AND SALARY RATE

- Full Academic Yr, 2010-11 Fall Semester, 2010 Spring Semester, 2011 Fall Semester, 2011
 Other or Twelve-Month service _____ (give beginning and end of leave)

SALARY (Full, 2/3 pay, 1/2 pay): _____

- **For duration of leave and salary eligibility, see the University Statutes, Article IX, Section 7(a).**

- **Payment for administrative appointments, held by faculty who request a sabbatical leave, will end on the day before the leave begins.**

- **Faculty must remain in full-time service to the University for at least one year following return from a sabbatical leave. If this obligation is not fulfilled, the faculty member or his/her new employer must reimburse the University for the salary paid during the leave.**

If funds from a sponsored project are to be combined with the sabbatical salary, approval must be obtained from the contracting agency to do so. A copy of the approval must accompany this form.

Will funds from a source other than state funded sabbatical salary be used during the sabbatical leave for salary purposes? (i.e. gift funds, fellowship, ICR, grant)

- No**, go to next section **Yes**,

Amount: _____ Source of funding: _____

Status of funding: _____ If funds not received, alternate period for leave: _____

REIMBURSEMENTS DURING SABBATICAL LEAVE:

Irrespective of source of funds, will the sabbatical result in reimbursement of the faculty for expenses related to the sabbatical leave?

- No, go to next section Yes, Check applicable items below and provide source of funds and approximate cost

| Reimbursement Category | Yes | Source of Funds | Approximate Cost |
|---|-----|-----------------|------------------|
| Initial travel to and/or return from the sabbatical location | | | |
| Travel back to campus during sabbatical period (i.e. for graduate student supervision, research activities, or other departmental business) must be approved by the department and college. | | | |
| Per diem (i.e., a reimbursement for food each day of the sabbatical) is allowable only if specifically covered by a granting agency. | | | |
| Housing (allowable only if specifically covered by granting agency). | | | |
| Cost of living differential (allowable only if specifically covered by granting agency). | | | |
| Other (attach explanation) | | | |

Note: Travel to conferences attended on a regular basis regardless of the sabbatical leave need not be listed. Additional conference travel must be approved. (Reimbursement may be provided from gift, ICR, grant, other allowable fund sources.) In reviewing and approving sabbatical leave requests, unit leaders should consider whether the travel associated with the sabbatical is appropriate, given the nature of the sabbatical work. Please refer to OBFS policies regarding reimbursements.

RESEARCH INFORMATION:

Mark all that apply to your research work on campus:

- Institutional Animal Care and Use Committee (IACUC) protocol
- Institutional Review Board (IRB) protocol
- Institutional Biosafety Committee (IBC) protocol
- Radiation Permit
- None apply

Note: If your sabbatical leave is approved, you are required to notify IACUC, IRB, IBC or RSS (as appropriate) and make arrangements for the continued oversight and management of your research for the duration of your sabbatical.

PURPOSE OF LEAVE AND STATEMENT OF PLANS:

Statement of not more than 25 words in lay language. This information is used to prepare a document for approval by the Board of Trustees. Please avoid over simplified statements like "to write a book."

Statement of Plans Use page four (4) of this application to provide a more complete statement of sabbatical plans limited to no more than 1000 words and of a general enough nature that it can be understood by colleagues not in the faculty member's specific discipline. The Statement of Plans should explain how the purposes identified above are to be accomplished and how the sabbatical will contribute to meeting the goals of the faculty member's unit and the University. If appropriate, the statement should also say how the proposed sabbatical activity will help the applicant better serve specific needs of the State of Illinois or the nation. The Statement should indicate where the sabbatical will be taken, the justification for the location, the general plan for the sabbatical and its potential significance or usefulness as a scholarly or creative activity or for the development of instructional material or to increase competence in an area appropriate to the applicant's University duties. The statement should relate the sabbatical activity to other work in the faculty member's field.

I have read and understand the policy on sabbatical leaves of absence. I agree to adhere to the policy as it is written.

Date: _____ Signature of Applicant: _____

FORWARD AN ORIGINAL AND ONE COPY OF THIS APPLICATION TO YOUR UNIT; ADDITIONAL ROUTING WILL BE TO THE SCHOOL/COLLEGE; TO: FACULTY AFFAIRS HUMAN RESOURCES (UIC), THE OFFICE OF THE PROVOST (UIS), AND ACADEMIC HUMAN RESOURCES OFFICE (UIUC); TO THE RESEARCH BOARD; TO THE CHANCELLOR; AND TO THE PRESIDENT, WHO TRANSMITS RECOMMENDATIONS TO THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS FOR FINAL ACTION.

STATEMENT OF UNIT EXECUTIVE OFFICER

Describe specific provisions made to cover applicant's work during his/her absence, including undergraduate and graduate instruction and supervision, and administrative responsibilities.

How will the proposed activity improve the applicant's ability to meet the goals of the Department, the University and the State or the nation?

Will the leave involve additional expense to the University? If so, give amount and attach a request to the Chancellor for approval, including how additional expenses will be covered.

Yes No Amount _____

This application has rank _____ in a total of _____ applications from this Department, which has _____ full-time academic staff members. I approve of the above request for leave.

Unit Executive Officer _____

(To be completed by the College or Administrative Unit Concerned)

Statement by the Dean

I approve the above request for leave and, if proposed, the additional expense to the unit. I believe that the department can function effectively if no more than _____ requests for sabbatical leaves are granted.

UIS only: This application has rank _____ in a total of _____ applications from this college which has _____ full-time academic staff members.

Date _____ Dean _____

(To be completed by the Research/Review Board)

Recommendation of Research/Review Board: Approve Disapprove

Comments: _____

Date: _____ Chair of Research/Review Board: _____

(To Be Completed by Chancellor or Designee)

Recommendation of Chancellor: Approve Disapprove

Date: _____ Chancellor/Designee: _____

(Campus Use Only)

Eligibility approved: Yes No Comments:

APPLICATION FOR SABBATICAL LEAVE – UNIVERSITY OF ILLINOIS

STATEMENT OF PLANS

NAME: _____ DATE: _____

CAMPUS: _____ UNIT: _____

PERIOD: _____ PLACE: _____

BRIEF TITLE: _____

Limited to 1000 words

(Please do not include a curriculum vita, research summary, list of publications, or similar career documentation)