Sabbatical Application 2020/2021 | System Offices





LOG IN

Please choose how you would like to log into the FormBuilder application:



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For questions concerning departmental practices for sabbatical leaves or sabbatical application content, contact your unit executive officer (UEO), likely your department head or chair, or contact the dean's office. For information about the sabbatical approval process and guidelines for sabbatical leaves, see <u>Guidelines for Sabbatical Leaves of Absence</u>

For general questions about the sabbatical process and completing the application, contact: For UI-Urbana-Champaign: IHR-Sabbaticals@illinois.edu, 217/333-7466 For UI-Chicago: facultyaffairs@uic.edu, 312/413-3470 For UI-Springfield: ahr@uis.edu, 217/206-6616

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You must log in to Form Builder - Production to continue. Enter your NetID: Enter your netid and password Enter your password: Login \square Clear previous selection for automatically sharing my information with this service Forgot your password? **Technical Information** To change or reset your password, go to the Password Service that has requested authentication: Manager. Service Provider EntityID: https://appserv7.admin.uillinois.edu/shibboleth Need to select a different campus? Service Provider Name: Clear your remembered campus and log in again. Form Builder - Production IDP node: shib1 This login service uses the following server: shibboleth.illinois.edu This page's URL should start with https:// followed by the server listed above. For most web browsers, the security padlock icon for this page should be closed/locked. To maximize security, quit your browser when done using this application.





SABBATICAL APPLICATION 2020/2021

Sabbatical Application 2020/2021/ New Form (page 1/10)

Welcome to the Online Application for Sabbatical Leaves of Absence

Refer to the Guidelines and the contact info at bottom of page.

Sabbatical Leaves of Absence References:

Do you qualify for Sabbatical Leave? If you are unsure of your eligibility, please review the Guidelines for Sabbatical Leaves of Absence or contact your unit.

University Statutes

Sabbatical Application Help Document

Application Instructions and Navigation:

- 1. Once you complete the application and sign off on page 10, you will be prompted to enter the Net ID of your Unit Executive Officer (UEO) for routing to the first level of approval.
- 2. It is NOT required that you complete the entire application in one session. If you choose to stop before completing your application, return to this application site. For further information reference the help document above.
- 3. On pages 1-9, navigate to the next page by selecting "Next", which moves to the next page of the application and saves the data on that page. A partially completed page will NOT be saved if you choose to log out or exit the application.
- 4. On page 10, you will be prompted to sign off on your application, and select "Save" to navigate to the page to enter your
- 5. Once UEO information has been entered, the form is routed for approval. You can track which level of approval your application is in at any given time by looking under "Your Forms".
- 6. "Previous" button will navigate to the previous page. If you ever get stuck on a given page, you can use this button to clear out the data on a given page, and then select "Next" to start over on that page.
- 7. See for assistance: Sabbatical Application Help Document

For questions about the sabbatical process and completing the application, contact:

For UI-Urbana-Champaign: IHR-Sabbaticals@illinois.edu, 217/333-7466

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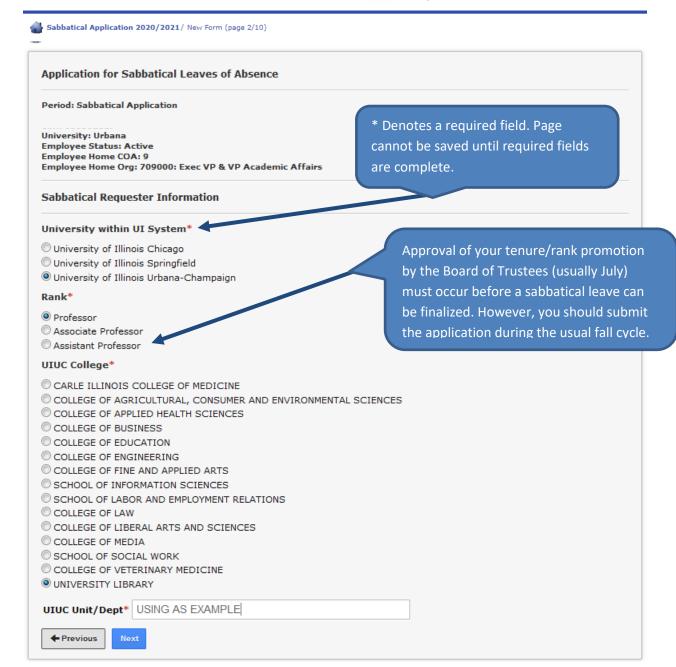
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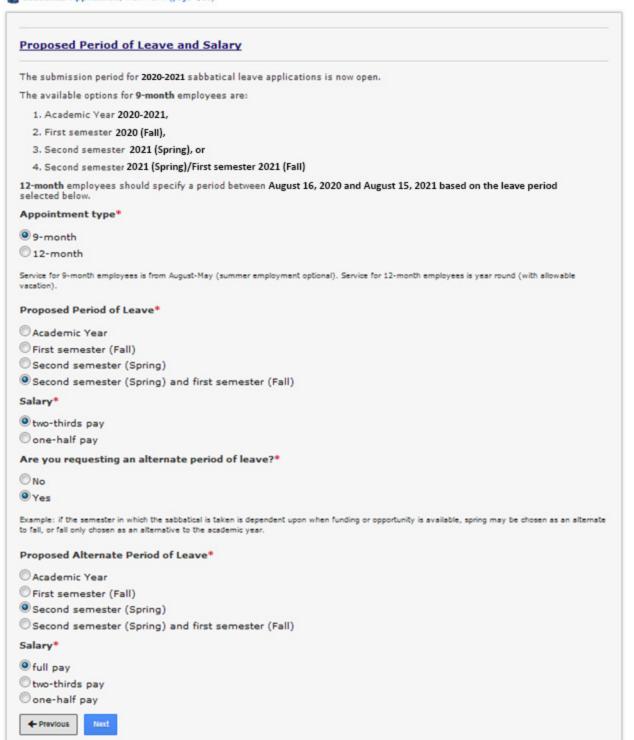


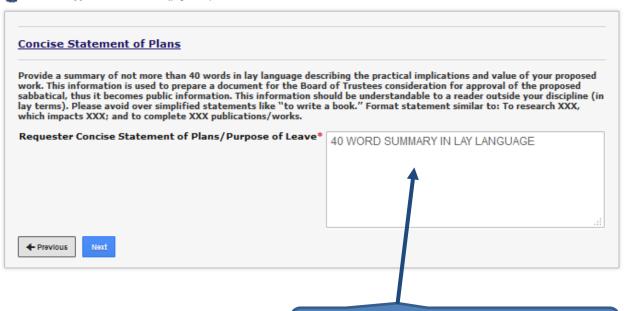


SABBATICAL APPLICATION 2020/2021





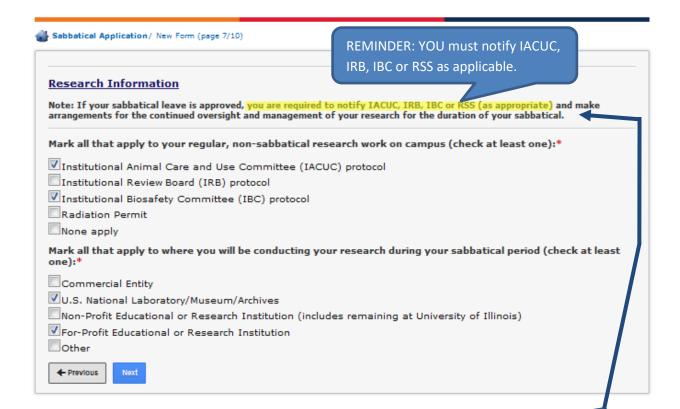




Please use lay language, no more than 40 words

and use format statement as a guide.

♣ Previous



Running a grant?
Check-in with your Business Officer.

Transportation Source of Funds

State

ICR

Gift
External

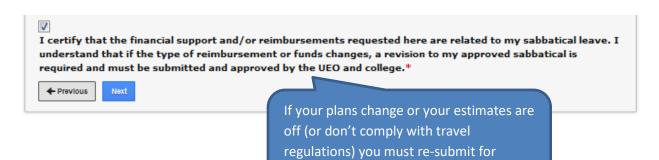
☑ Grant/Contract

Expecting reimbursements? Review

this completed page with your unit's

Business Officer (print or save to PDF).

Sabbatical Residence Change (8 weeks or more): Estimated Differential Expenses	
E.G., housing, cost of living for the duration of the residency (Allowed only if covered by grant or allowable gift or external funds. Include detailed statement.)	
Estimated Differential Expenses Amount: \$ 5000	
Differential Expenses Source of Funds	Your brief description
Grant/Contract Gift External	could greatly aid the approvers.
Provide Details of Differential Expenses DETAILS	
	.11
Estimated Other Travel Expenses during the Sabbatical	
Note: Travel to conferences attended on a regular basis regardless of the sabbatical leave need not be listed unless the travel cost increases due to sabbatical location. Additional conference travel cost must be approved. (Reimbursement may be provided from gift, ICR, grant/contract, or other allowable fund sources.) For University funds, list fund type (state, ICR, grant, gift). For external funds, list reimbursing authority.	
Estimated Other Transportation Cost Amount: \$ 5000	
Other Transportation Source of Funds	
State List the name of the	
funder if external	
Grant/Contract Gift funding will be used.	
External	
Estimated Other Travel Lodging Amount: \$ 5000	
Other Travel Lodging Source of Funds	
State	
□ ICR	
☑ Grant/Contract	
Gift External	
Estimated Other Per Diem Amount: \$ 5000	
Other Per Diem Source of Funds	
State	
□ ICR ☑ Grant/Contract	
Gift	
External	
Provide details of your other reimbursements DETAILS	
DETAILS	
	.41



approval.

Application for Sabbatical Leaves of Absence

Period: Sabbatical Application

UIN:

Campus: U: Urbana

Employee Status: A: Active Employee Home COA: 9

Employee Home Org: 709000: Exec VP & VP Academic Affairs Rank: Professor Department: USING AS EXAMPLE

School:

College: UNIVERSITY LIBRARY

Date of Appt to UI Faculty: 08/2012 Previous UI Sabbatical: None

Previous Leave w/o Pay: None

Proposed Period of Leave/Salary 9 Month: Second semester (Spring) and first semester (Fall) two-thirds pay Proposed Period of Leave/Salary 12 Month:

Please review this page prior to

click "previous".

submission. If modifications are needed,

Start Date:

Alt Proposed Period of Leave/Salary 9 Month: Second semester (Spring) full pay Alt Proposed Period of Leave/Salary 12 Month: Alt Start Date:

Alt End Date:

Concise Statement: 40 WORD SUMMARY IN LAY LANGUAGE

Full Statement Title: TITLE OF SABBATICAL PLAN GOES HERE

Description of Work/Research: ABOUT 250 WORDS OF DESCRIPTION
Justification: ABOUT 250 WORDS OF JUSTIFICATION FOR LOCATION
Explanation of Significance: ABOUT 250 WORDS OF EXPLANATION

Contributions: ABOUT 250 WORDS OF CONTRIBUTIONS
Non-Sabbatical Compliance: Institutional Biosafety Committee (IBC) protocol, Institutional Animal Care and Use Committee

(IACUC) protocol
Sabbatical Compliance: For-Profit Educational or Research Institution, U.S. National Laboratory/Museum/Archives

Supplemental Salary: Yes Supplemental Salary Amount:\$ 10,000 Supplemental Salary Source: ICR

Supplemental Salary Approval: Pending, application submitted Supplemental Salary Attachment: Go To Attachment

NonUI Supplemental Salary : Yes NonUI Supplemental Salary Amount: \$ \$FUNDING AMOUNT NonUI Supplemental Salary Source: FUNDING INFO NonUI Supplemental Salary Explanation: EXPLANATION OF FUNDING

Sabbatical Location

Duration: 8 weeks or more, less than 8 weeks

City: Paris, Champaign State/Province: , IL Country: France,

Reimbursement of Expenses: Yes

Estimated Initial Travel Expenses:

Estimated Transportation Cost Amount: \$ 5000 Transportation Source of Funds: Grant/Contract

Transportation Reimbursing Authority:

Estimated Differential Expenses:

Estimated Differential Expense Amount:\$ 5000 Differential Expense Source of Funds: Gift

Differential Expense Reimbursing Authority:

Differential Expense Details: DETAILS

Estimated Other Travel Expenses:

Estimated Other Transportation Cost Amount:\$ 5000 Other Transportation Source of Funds: Gift Other Transportation Reimbursing Authority:

Estimated Other Travel Lodging Amount:\$ 5000 Other Travel Lodging Source of Funds: Grant/Contract Other Travel Lodging Reimbursing Authority:

Estimated Other Per Diem Lodging Amount:\$ 5000 Other Per Diem Source of Funds: Grant/Contract

Other Per Diem Reimbursing Authority:

Details of Other Reimbursements: DETAILS Reimbursement Signature: Signed by

-08-16 01:30:03 PM

Check this box and "Save" when you are ready to submit your application.*

Use the "Previous" button to go back and edit your content.

♣ Previous

Sabbatical Application / 2 UTUC Asst: UBO Asst Assign - submitted: 8/16/2017 1:30:30 PM

Sabbatical Application Submitted

Thank you for submitting your Sabbatical Application. The form has been forwarded for review.