Sabbatical Application | University Administration

University of Illinois System

URBANA-CHAMPAIGN · CHICAGO · SPRINGFIELD

Log In

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



Sabbatical Application Version 1.22.0.0_build2017-03-17_155533_release/1.22.0.0_a61f2365

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 Guidelines for Sabbatical Leaves of Absence

For general questions about the sabbatical process and completing the application, contact: For UI-Urbana-Champaign: ahr@illinois.edu, 217/333-6747 For UI-Chicago: facultyaffairs@uic.edu, 312/413-3470 For UI-Springfield: ntayl1@uis.edu, 217/206-6616

Please read the Web Privacy Notice for privacy terms and conditions employed by the University of Illinois.

ILLINOIS LOGIN Enter your netid and password You must log in to Form Builder - Test to continue. Enter your NetID: Enter your Active Directory (AD) password: Login Clear previous selection for automatically sharing my information with this $\hfill \square$ service Forgot your Active Directory password? To change or reset your Active Directory password, go to the Password Manager. Need to select a different campus? Clear your remembered campus and log in again. More Information **Technical Information** Where to Get Help Contact the Technology Services Help Desk at consult@illinois.edu. Service that has requested authentication: Service Provider EntityID: https://appserv7-test.admin.uillinois.edu/shibboleth Service Provider Name: Form Builder - Test 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.

This Shibboleth Identity Provider for Illinois is a new service that is authorized to ask you to enter your Active Directory password.

IDP node: shib2

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Sabbatical Application



Sabbatical Application / 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

Form Instructions and Navigation:

- 1. Once you complete the application and sign off on page 10, you will be prompted to enter the NetID 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 UEO information.
- 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 Help Document for assistance.

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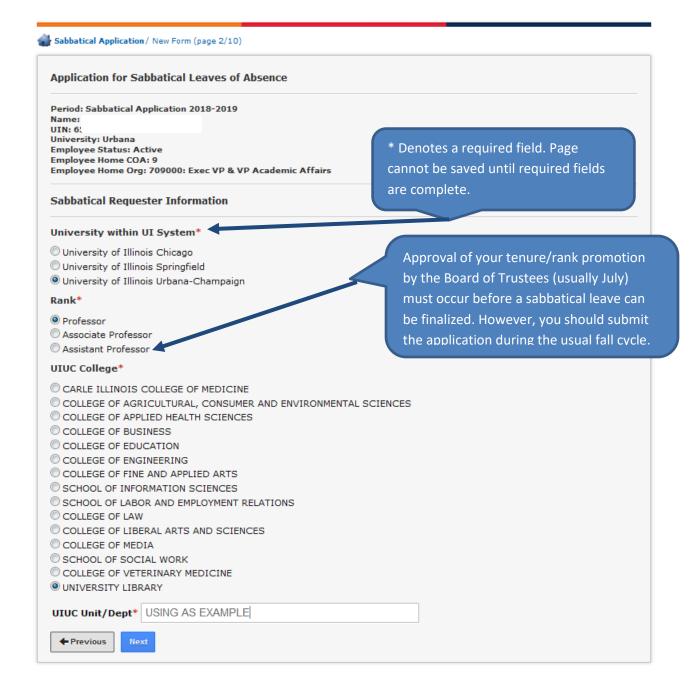
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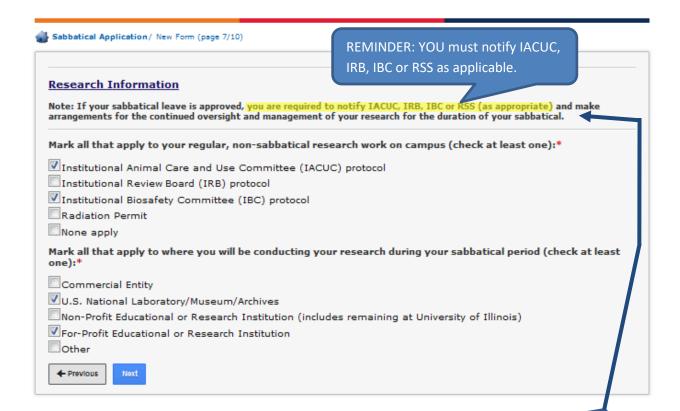
← Previous

Proposed Period of Leave and Salary The submission period for 2018-19 sabbatical leave applications is now open. The available options for 9-month employees are: 1. Academic Year 2018-19, 2. First semester 2018 (Fall), 3. Second semester 2019 (Spring), or 4. Second semester 2019 (Spring)/First semester 2019 (Fall). 12-month employees should specify a period between August 16, 2018 and August 15, 2019 based on the leave period selected below. Appointment type* 9-month 0 12-month Service for 9-month employees is from August-May (summer employment optional). Service for 12-month employees is year round (with allowable vacation). Proposed Period of Leave* O Academic Year First semester (Fall) Second semester (Spring) Second semester (Spring) and first semester (Fall) Salary* two-thirds pay one-half pay Are you requesting an alternate period of leave?* No Yes Example: if the semester in which the sabbatical is taken is dependent upon when funding or opportunity is available, spring may be chosen as an alternate to fall, or fall only chosen as an alternative to the academic year. Proposed Alternate Period of Leave* O Academic Year First semester (Fall) Second semester (Spring) Second semester (Spring) and first semester (Fall) Salary* ofull pay two-thirds pay one-half pay

Concise Statement of Plans Provide a summary of not more than 40 words in lay language describing the practical implications and value of your proposed work. This information is used to prepare a document for the Board of Trustees consideration for approval of the proposed sabbatical, thus it becomes public information. This information should be understandable to a reader outside your discipline (in lay terms). Please avoid over simplified statements like "to write a book." Format statement similar to: To research XXX, which impacts XXX; and to complete XXX publications/works. Requester Concise Statement of Plans/Purpose of Leave* 40 WORD SUMMARY IN LAY LANGUAGE ♣ Previous

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

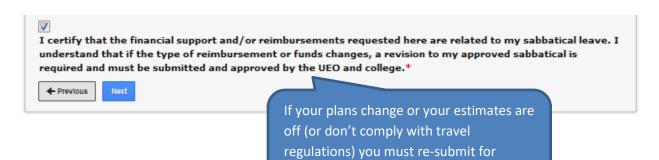
11 | Page

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	
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	



approval.

Application for Sabbatical Leaves of Absence

Period: Sabbatical Application 2018-2019

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 / 10IUC: Sabbatical Application Pending UEO NetID - submitted: 8/16/2017 1:30:30 PI Enter the netid of your UEO, usually a department head. If the UEO's UIUC Unit Executive Officer (UEO) NetID assistant will make a first-level Enter UIUC UEO Net ID* review enter his/her netid, too. This is the Net ID of the UEO that your application will be routed to for approval, such as department head or department chair. Enter UIUC UEO Assistant's Net ID (if applicable) This is the Net ID of the UEO's assistant that your application will be routed to for review. Requester Acknowledgement PLEASE NOTE: Payment for administrative appointments, held by faculty who request a sabbatical leave, will end on the day before the leave begins. Full disclosure of any outside paid activity during a sabbatical leave is required. This includes consulting activities. Faculty who receive salary from a federal grant during a sabbatical leave must meet the commitment of effort to the grant during the sabbatical period and any outside consulting should be arranged so as not to conflict with the federal effort commitment. Remember to update your annual Report of Non-University Activity forms per campus procedures. 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 Upon completion of the sabbatical leave, faculty must submit a report on their sabbatical activities; please refer to campus guidelines I have read and understand the policy on sabbatical leaves of absence. I agree to adhere to the policy as it is written. If this sabbatical plan changes in any way, I will notify my unit immediately and may be required to submit a revised application. Requester Acknowledgement (Check when Sabbatical Information is Complete)*

Sabbatical Application / 2 UIUC 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.

Thank you.