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:

**How would you like to log in?:**

○ I am from University of Illinois at Chicago
○ I am from University of Illinois at Springfield
○ I am from University of Illinois at Urbana-Champaign

SELECT YOUR CAMPUS LOCATION

Continue

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

## You must log in to Form Builder - Test to continue

Enter your **NetID**:

Enter your **Active Directory (AD) password:** ●●●●●●●●●●

> Enter your netid and password

[ Login ]

Clear previous selection for automatically sharing my information with this 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

### Where to Get Help

Contact the Technology Services Help Desk at consult@illinois.edu.

### Technical Information

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

# UNIVERSITY OF ILLINOIS SYSTEM
URBANA-CHAMPAIGN · CHICAGO · SPRINGFIELD

**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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Next

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**Sabbatical Application** / New Form (page 2/10)

## Application for Sabbatical Leaves of Absence

**Period: Sabbatical Application 2018-2019**
**Name:**
**UIN: 6**
**University: Urbana**
**Employee Status: Active**
**Employee Home COA: 9**
**Employee Home Org: 709000: Exec VP & VP Academic Affairs**

### Sabbatical Requester Information

**University within UI System***

○ University of Illinois Chicago
○ University of Illinois Springfield
● University of Illinois Urbana-Champaign

**Rank***

● Professor
○ Associate Professor
○ Assistant Professor

**UIUC College***

○ CARLE ILLINOIS COLLEGE OF MEDICINE
○ COLLEGE OF AGRICULTURAL, CONSUMER AND ENVIRONMENTAL SCIENCES
○ COLLEGE OF APPLIED HEALTH SCIENCES
○ COLLEGE OF BUSINESS
○ COLLEGE OF EDUCATION
○ COLLEGE OF ENGINEERING
○ COLLEGE OF FINE AND APPLIED ARTS
○ SCHOOL OF INFORMATION SCIENCES
○ SCHOOL OF LABOR AND EMPLOYMENT RELATIONS
○ COLLEGE OF LAW
○ COLLEGE OF LIBERAL ARTS AND SCIENCES
○ COLLEGE OF MEDIA
○ SCHOOL OF SOCIAL WORK
○ COLLEGE OF VETERINARY MEDICINE
● UNIVERSITY LIBRARY

**UIUC Unit/Dept*** | USING AS EXAMPLE

← Previous    Next

> \* Denotes a required field. Page cannot be saved until required fields are complete.

> Approval of your tenure/rank promotion by the Board of Trustees (usually July) must occur before a sabbatical leave can be finalized. However, you should submit the application during the usual fall cycle.

**Sabbatical Application** / New Form (page 3/10)

## Requester Eligibility

See the University Statutes Article IX, Section 7a.

Format: month/year as numbers or letters.

**Month/Year of Appointment to UI Tenure System Faculty***  `08/2012`

**Date and Duration of Most Recent UI Sabbatical Taken (Indicate "none", if you have not previously taken a sabbatical leave)***

`None`

**Date and Duration of All Leaves Without Pay (Indicate "none", if you have not previously taken a leave without pay)***

`None`

← Previous    Next

## 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
○ 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***

○ 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***

○ Academic Year
○ First semester (Fall)
◉ Second semester (Spring)
○ Second semester (Spring) and first semester (Fall)

**Salary***

◉ full pay
○ two-thirds pay
○ one-half pay

[← Previous] [Next]

## 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     Next

Please use lay language, no more than 40 words and use format statement as a guide.

## Full Statement of Plans

Please – no more than 1,000 words TOTAL in this section.

**Brief Title\*** [ TITLE OF SABBATICAL PLAN GOES HERE ]

The Full Statement of Plans is limited to 1000 words total. Refer to the Sabbatical Leave Guidelines for further details and examples. (Please do not include a curriculum vita, research summary, list of publications, or similar career documentation.)

**Description of Proposed Research or Creative Work (How will the purpose of the leave be accomplished?)\***

[ ABOUT 250 WORDS OF DESCRIPTION ]

**Justification for Sabbatical Location (Why was this location chosen? Include the specific institution or place where work will be undertaken.)\***

[ ABOUT 250 WORDS OF JUSTIFICATION FOR LOCATION ]

**Explanation of Significance as a Scholarly or Creative Work (Identify the 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.)\***

[ ABOUT 250 WORDS OF EXPLANATION ]

**Contributions (How will the sabbatical contribute to meeting the goals of the faculty member's unit and the University as well as furtherance of knowledge in the applicant's field? If appropriate, how will the needs of the State of Illinois or the nation be better served?)\***

[ ABOUT 250 WORDS OF CONTRIBUTIONS ]

← Previous | Next

REMINDER: YOU must notify IACUC, IRB, IBC or RSS as applicable.

## Research Information

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.

Mark all that apply to your regular, non-sabbatical research work on campus (check at least one):*

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

Mark all that apply to where you will be conducting your research during your sabbatical period (check at least one):*

☐ Commercial Entity
☑ U.S. National Laboratory/Museum/Archives
☐ Non-Profit Educational or Research Institution (includes remaining at University of Illinois)
☑ For-Profit Educational or Research Institution
☐ Other

← Previous    Next

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

## Financial Support and Reimbursements During Leave Period

**SUPPLEMENTAL SALARY THROUGH UNIVERSITY: If you are requesting a partial paid sabbatical leave, will funds from a source other than state funded sabbatical salary be used during the sabbatical leave for salary purposes (i.e., gift funds, ICR, grant/contract) as administered by the University?***

⦿ Yes
◯ No or N/A

For a sabbatical leave at less than full pay, faculty may supplement their sabbatical pay up to full pay (e.g., if 2/3rd's pay, up to an additional 1/3rd may be added) with salary funds administered through the University. If these supplemental funds are from a sponsored project, the approval obtained from the contracting agency must accompany this form. If the status of the funding is "pending," a final approval from the agency must be routed (see p. 4) and received by the campus prior to receipt of any supplemental pay.

**Amount (e.g., "1/3 salary," "$10,000"):*** | 10,000

**Source of funds:***

☑ ICR
☐ Gift
☐ Grant or Contract

**Have you received approval for these supplemental funds?***

⦿ Yes
◯ Pending, application submitted

**Attach Approval***

[ Browse... ] No file selected.

**Supplemental funds require approval.** You MUST submit your department's approval in order for your application to be processed. If you do not yet have your approval document, select "pending". The document needs to be submitted prior to leave.

**Are there other sources of supplemental funding during the sabbatical (e.g., scholarship or fellowship stipend)?***

⦿ Yes
◯ No or N/A

Supplemental sabbatical funding from a scholarship or fellowship carrying a stipend may be received independently or in addition to supplemental sabbatical salary.

**Amount of Sabbatical Funding Not Administered by the University***

$FUNDING AMOUNT

**Source of Sabbatical Funding Not Administered by the University***

FUNDING INFO

**Explanation of Sabbatical Funding Not Administered by the University***

EXPLANATION OF FUNDING

[ ← Previous ]  [ Next ]

## Financial Support and Reimbursements During Leave Period Continued

Enter the number of locations you will have during the proposed period of sabbatical leave (you must enter at least one location even if it is the home location).*

| 2 |
|---|

> Number format (not words)

| Duration | City | State/Province | Country (if outside US) |
|---|---|---|---|
| ○ less than 8 weeks<br>◉ 8 weeks or more | Paris | | France |
| ◉ less than 8 weeks<br>○ 8 weeks or more | Champaign | IL | |

If you will reside in any one location (not your current location/residence) for a period of 8 consecutive weeks or more, this will result in a change of residence/headquarters, and you may be eligible for reimbursement of differential expenses and/or initial travel to/from the sabbatical location. Refer to the Guidelines for additional information.

Will the sabbatical result in reimbursement to you for expenses related to the sabbatical leave? Indicate your answer below and, if it is "yes," complete the following questions. This includes any reimbursement irrespective of source of funds and reimbursing authority (i.e. both internal and external sources) but excluding personal out-of-pocket expenses. Be aware that applications ordinarily will not be approved if additional costs to the University are involved. See Guidelines.

Estimate dollar amounts; a follow-up request for approval must be routed separately if actual costs will be higher than estimated. Use space in the box below to provide details related to this section.

Will the sabbatical result in reimbursement to you for expenses related to the sabbatical leave? Indicate your answer below and, if it is "yes," complete the following questions.

○ No
◉ Yes

### Sabbatical Residence Change (8 weeks or more): Estimated Initial Travel Expenses

To be incurred during Initial travel to and/or return from a sabbatical residence (if location of residence will change for at least 8 weeks during the sabbatical). For University funds, list fund type (state, ICR, grant/contract, gift). For external funds, list reimbursing authority.

**Estimated Transportation Cost Amount: $** | 5000 |

**Transportation Source of Funds**

☐ State
☐ ICR
☑ Grant/Contract
☐ Gift
☐ External

> 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**

☐ Grant/Contract
☑ Gift
☐ External

**Provide Details of Differential Expenses**

DETAILS

Your brief description could greatly aid the approvers.

**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
☐ ICR
☐ Grant/Contract
☑ Gift
☐ External

List the name of the funder if external funding will be used.

**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

☑
I certify that the financial support and/or reimbursements requested here are related to my sabbatical leave. I understand that if the type of reimbursement or funds changes, a revision to my approved sabbatical is required and must be submitted and approved by the UEO and college.*

← Previous    Next

If your plans change or your estimates are off (or don't comply with travel regulations) you must re-submit for approval.

## Application for Sabbatical Leaves of Absence

**Period:** Sabbatical Application 2018-2019
**Name:**
**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:**
**Start Date:**
**End 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]  [Save]

> Please review this page prior to submission. If modifications are needed, click "previous". Once this page is accurate – **PRINT THIS SCREEN** for your records.

**Sabbatical Application** / 1UIUC: Sabbatical Application Pending UEO NetID - submitted: 8/16/2017 1:30:30 PM

## UIUC Unit Executive Officer (UEO) NetID

**Enter UIUC UEO Net ID** *

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.

> Enter the netid of your UEO, usually a department head. If the UEO's assistant will make a first-level review enter his/her netid, too.

## 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 leave.

Upon completion of the sabbatical leave, faculty must submit a report on their sabbatical activities; please refer to campus guidelines for details of this requirement.

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)** *

[Save]

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**Sabbatical Application** / 2 UIUC Asst: UEO 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.**