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

- [ ] I am from University of Illinois at Chicago
- [ ] I am from University of Illinois at Springfield
- [x] I am from University of Illinois at Urbana-Champaign

SELECT YOUR CAMPUS LOCATION

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: HR-Sabbaticals@illinois.edu, 217/333-7466
For UI-Chicago: faushyd@uic.edu, 312/415-3470
For UI-Springfield: ahr@uis.edu, 217/206-6616

Please read the Web Privacy Notice for privacy terms and conditions employed by the University of Illinois. Copyright © 2019 The Board of Trustees of the University of Illinois.
You must log in to Form Builder - Production to continue.

Enter your NetID:

Enter your password:

Login

☐ Clear previous selection for automatically sharing my information with this service

Forgot your password?
To change or reset your password, go to the Password Manager.

Need to select a different campus?
Clear your remembered campus and log in again.

Technical Information
Service that has requested authentication:

Service Provider EntityID:
https://appserv7.admin.illinois.edu/shibboleth

Service Provider Name:
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.
Welcome to the Online Application for Sabbatical Leaves of Absence

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 refer to 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 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
For UI-Chicago: facultyaffairs@uic.edu, 312/413-3470
For UI-Springfield: ahr@sis.edu, 217/206-6616
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.

* Denotes a required field. Page cannot be saved until required fields are complete.
## Requester Eligibility

See the [University Statutes](#) Article IX, Section 7a.

<table>
<thead>
<tr>
<th>Month/Year of Appointment to UI Tenure System Faculty*</th>
<th>08/2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date and Duration of Most Recent UI Sabbatical Taken (Indicate &quot;none&quot;, if you have not previously taken a sabbatical leave)*</td>
<td>None</td>
</tr>
<tr>
<td>Date and Duration of All Leaves Without Pay (Indicate &quot;none&quot;, if you have not previously taken a leave without pay)*</td>
<td>None</td>
</tr>
</tbody>
</table>

Format: month/year as numbers or letters.
Proposed Period of Leave and Salary

The submission period for 2022-2023 sabbatical leave applications is now open.

The available options for 9-month employees are:

1. Academic Year 2022-2023,
2. First semester 2022 (Fall),
3. Second semester 2023 (Spring), or
4. Second semester 2023 (Spring)/First semester 2023 (Fall)

12-month employees should specify a period between August 16, 2022 and August 15, 2023 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
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*
Full Statement of Plans

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

Please – no more than 1,000 words TOTAL in this section.
### 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):*

- [x] Institutional Animal Care and Use Committee (IACUC) protocol
- [ ] Institutional Review Board (IRB) protocol
- [x] 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):*

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

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

**Running a grant?**
Check-in with your Business Officer.
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.
Financial Support and Reimbursements During Leave Period

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).*

Number format (not words)

<table>
<thead>
<tr>
<th>Duration</th>
<th>City</th>
<th>State/Province</th>
<th>Country (if outside US)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ less than 6 weeks</td>
<td>Fails</td>
<td></td>
<td>France</td>
</tr>
<tr>
<td>☐ 6 weeks or more</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ less than 6 weeks</td>
<td>Champaign</td>
<td>IL</td>
<td></td>
</tr>
<tr>
<td>☐ 6 weeks or more</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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).
Your brief description could greatly aid the approvers.

List the name of the funder if external funding will be used.
If your plans change or your estimates are off (or don’t comply with travel regulations) you must re-submit for approval.

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.
Please review this page prior to submission. If modifications are needed, click “previous”.

### Application for Sabbatical Leaves of Absence

**Period:** Sabbatical Application

**Name:** [Name]

**UIHR:** [UIHR]

**Campus:** U. Urbana

**Employee Status:** Active

**Employee Home Org:** 700000; Bure VP & VP Academic Affairs

**Rank:** Professor

**Department:** Using as example

**School:** University Library

**Date of Appl to UI Penalty:** 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:**

**All Proposed Period of Leave/Salary 9 Month:** Second semester (Spring) full pay

**All Proposed Period of Leave/Salary 12 Month:**

- **All Start Date:**
- **All 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:** ICX

**Supplemental Salary Approval:** Pending, application submitted

**Supplemental Salary Attachments:** Go To Attachment

**Non/UI Supplemental Salary:** Yes

**Non/UI Supplemental Salary Amount:** $FUNDING AMOUNT

**Non/UI Supplemental Salary Source:** FUNDING INFO

**Non/UI Supplemental Salary Explanation:** EXPLANATION OF FUNDING

**Sabbatical Location**:

- Duration: 8 weeks or more, less than 8 weeks
- City: [City], [State/Province], [Country/State]

**Reimbursement of Expenses:** Yes

**Estimated Initial Travel Expenses:**

- Estimated Transportation Cost Amount: $5000
- Transportation Source of Funds: Cash/Credit
- Transportation Reimbursement Authority:

**Estimated Differential Expenses:**

- Estimated Differential Expense Amount: $5000
- Differential Expense Source of Funds: Gift
- Differential Expense Reimbursement Authority:
- Differential Expense Details: DETAILS

**Estimated Other Travel Expenses:**

- Estimated Other Transportation Cost Amount: $5000
- Other Transportation Source of Funds: Gift
- Other Transportation Reimbursement Authority:

**Estimated Other Travel Lodging Amount:** $5000

- Other Travel Lodging Source of Funds: Cash/Contract
- Other Travel Lodging Reimbursement Authority:

**Estimated Other Per Diem Lodging Amount:** $5000

- Other Per Diem Source of Funds: Cash/Contract
- Other Per Diem Reimbursement Authority:

**Details of Other Reimbursements:** DETAILS

**Reimbursement Signature:** Signed by [Signature]

- 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.
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.