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

SELECT YOUR CAMPUS LOCATION

For general questions about the sabbatical process and completing the application, contact:
For UI Urbana-Champaign: IIR-Sabbaticals@illinois.edu, 217/333-7466
For UI Chicago: facphofairs@uic.edu, 312/415-2370
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.
Refer to the Guidelines and the contact info at bottom of page.
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.

<table>
<thead>
<tr>
<th>University within UI System*</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Illinois Chicago</td>
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<tr>
<td>University of Illinois Springfield</td>
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<tr>
<td>University of Illinois Urbana-Champaign</td>
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<thead>
<tr>
<th>Rank*</th>
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<tbody>
<tr>
<td>Professor</td>
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<tr>
<td>Associate Professor</td>
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<tr>
<td>Assistant Professor</td>
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<table>
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<tr>
<th>UIUC College*</th>
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<tbody>
<tr>
<td>CARLE ILLINOIS COLLEGE OF MEDICINE</td>
</tr>
<tr>
<td>COLLEGE OF AGRICULTURAL, CONSUMER AND ENVIRONMENTAL SCIENCES</td>
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<tr>
<td>COLLEGE OF APPLIED HEALTH SCIENCES</td>
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<td>COLLEGE OF BUSINESS</td>
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<td>COLLEGE OF EDUCATION</td>
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<td>COLLEGE OF ENGINEERING</td>
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<tr>
<td>COLLEGE OF FINE AND APPLIED ARTS</td>
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<tr>
<td>SCHOOL OF INFORMATION SCIENCES</td>
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<td>SCHOOL OF LABOR AND EMPLOYMENT RELATIONS</td>
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<tr>
<td>COLLEGE OF LAW</td>
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<td>COLLEGE OF LIBERAL ARTS AND SCIENCES</td>
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<tr>
<td>COLLEGE OF MEDIA</td>
</tr>
<tr>
<td>SCHOOL OF SOCIAL WORK</td>
</tr>
<tr>
<td>COLLEGE OF VETERINARY MEDICINE</td>
</tr>
<tr>
<td>UNIVERSITY LIBRARY</td>
</tr>
</tbody>
</table>

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

See the University Statutes Article IX, Section 7a.

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

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

The submission period for 2021-2022 sabbatical leave applications is now open.
The available options for 9-month employees are:
1. Academic Year 2021-2022,
2. First semester 2021 (Fall),
3. Second semester 2022 (Spring), or
4. Second semester 2022 (Spring)/First semester 2022 (Fall)

12-month employees should specify a period between August 16, 2021 and August 15, 2022 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*

Please use lay language, no more than 40 words and use format statement as a guide.
## 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
```
Running a grant? Check-in with your Business Officer.

---

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
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)*: 2

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

Application for Sabbatical Leaves of Absence

Period: Sabbatical Application
Name: 
UIR: 
Campus: U. Urbana
Employee Status: A. Active
Employee Home Org: 700000; Eern, VP & VP Academic Affairs
Rank: Professor
Department: USING AS EXAMPLE
School: 
College: UNIVERSITY LIBRARY

Date of Appl to UI Penalty: 08/2013
Previous UI Sabbatical: No
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 Significances: 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(s): 10,000
Supplemental Salary Source: 
Supplemental Salary Approval: Pending, application submitted
Supplemental Salary Attachments: 

NonUI Supplemental Salary: Yes
NonUI Supplemental Salary Amount(s): 
NonUI Supplemental Salary Source: 
NonUI Supplemental Salary Explanation: 

Sabbatical Location
Duration: 8 weeks or more, less than 8 weeks
City/Praes, Champaign
State/Province: , IL
Country: France

Reimbursement of Expenses: Yes
Estimated Initial Travel Expenses:
Estimated Transportation Cost Amounts: 5000
Transportation Source of Funds: Grant/Central Authority
Transportation Reimbursement Authority:

Estimated Differential Expenses:
Estimated Differential Expense Amounts: 5000
Differential Expense Source of Funds: Gift
Differential Expense Reimbursement Authority:
Differential Expense Details: DETAILS

Estimated Other Travel Expenses:
Estimated Other Transportation Cost Amounts: 5000
Other Transportation Source of Funds: Gift
Other Transportation Reimbursement Authority:
Estimated Other Travel Lodging Amounts: 5000
Other Travel Lodging Source of Funds: Grant/Contract
Other Travel Lodging Reimbursement Authority:
Estimated Other Per Diem Lodging Amounts: 5000
Other Per Diem Source of Funds: Grant/Contract
Other Per Diem Reimbursement Authority:
Details of Other Reimbursements: DETAILS

Reimbursement Signature: Signed by , 08-16-01 30:03 PM

Please 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.