Guidelines for Sabbatical Leaves of Absence may be found at this link.
Select your university location:

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

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: sabbaticals@illinois.edu, 217/333-6677
For UI-Chicago: facultyaffairs@uic.edu, 312/355-2817
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.

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Enter password

Forgot my password

Sign in

Troubles logging in?

Contact Technology Services Help Desk

Check the FAE Accessibility Score

Read the University of Illinois Web Privacy Notice
Sabbatical Application 2024/2025

Welcome to the Online Application for Sabbatical Leaves of Absence

Your Name Here!

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. DO NOT enter your net ID as UEO. A faculty member may not approve his/her sabbatical application.

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 for assistance: Sabbatical Application Help Document

For general questions about the sabbatical process and completing the application, contact:
For UI-Urbana-Champaign: sabbaticals@illinois.edu, 217/333-9677
For UI-Chicago: facultyaffairs@uic.edu, 312/996-2817
For UI-Springfield: uhri@uis.edu, 217/206-6616

Next ➔
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 2024/2025

Requester Eligibility

See the University Statutes Article IX, Section 7a.

Month/Year of Hire Date to the UI Tenure System Faculty*
08/2025

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

Date and Duration of All Leaves Without Pay (Indicate "none", if you have not previously taken a leave without pay)*
# Sabbatical Application 2024/2025

## Proposed Period of Leave and Salary

The submission period for 2024-2025 sabbatical leave applications is now open.

The available options for 9-month employees are:

1. Academic Year 2024-25,
2. First semester 2024 (Fall),
3. Second semester 2025 (Spring), or
4. Second semester 2025 (Spring)/First semester 2025 (Fall).

12-month employees should specify a period between August 16, 2024 and August 15, 2025 based on the leave period selected below.

### Appointment type

- [ ] 9-month
- [x] 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 and Salary

- [ ] 1/4 year, full pay
- [ ] 1/2 year
- [ ] 2/3rd year, full pay
- [ ] 3/4 year, full pay
- [ ] Full year

### Salary

- [x] two-thirds pay
- [ ] one-half pay

### Start Date

### End Date

### 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.
Sabbatical Application 2024/2025

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

Please use lay language, no more than 40 words and use format statement as a guide.
Sabbatical Application 2024/2025

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.
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 Continued

Enter the number of locations you may visit or reside in during the proposed period of sabbatical leave (you must enter at least one location even if it is the home location):

2

Duration | City | State/Province | Country (if outside US)
---------------------|------------------|---------------------|---------------------
○ Less than 6 weeks | [ ] | [ ] | [ ]
○ 6 weeks or more  | [ ] | [ ] | [ ]

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.

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 (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.

Total Estimated Initial Transportation Costs to all locations in which you will reside for 8 Weeks or More. [DO NOT COMPLETE THIS QUESTION UNLESS RELOCATING FOR 8 WEEKS OR MORE TO A SINGLE LOCATION]: $

Travel Expenses incurred for travel to locations of less than 8 weeks of duration should be entered in the “Estimated Other Travel Expenses” fields below.

Transportation Source of Funds

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

Sabbatical Residence Change (8 weeks or more): Estimated Differential Expenses

EG, 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: $

Where “External” is selected you are required to list the name of the funder.

Expecting reimbursements? Review this completed page with your unit’s Business Officer (print or save to PDF).
Where “External” is selected you are required to list the name of the funder.

<table>
<thead>
<tr>
<th>Differential Expenses Source of Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Grant/Contract</td>
</tr>
<tr>
<td>☐ Gift</td>
</tr>
<tr>
<td>☐ External</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Estimated Other Travel Expenses during the Sabbatical</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Estimated Other Transportation Cost Amount: $</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Transportation Source of Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ State</td>
</tr>
<tr>
<td>☐ ICR</td>
</tr>
<tr>
<td>☐ Grant/Contract</td>
</tr>
<tr>
<td>☐ Gift</td>
</tr>
<tr>
<td>☐ External</td>
</tr>
</tbody>
</table>

| Estimated Other Travel Lodging Amount: $               |

<table>
<thead>
<tr>
<th>Other Travel Lodging Source of Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ State</td>
</tr>
<tr>
<td>☐ ICR</td>
</tr>
<tr>
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</tr>
<tr>
<td>☐ Gift</td>
</tr>
<tr>
<td>☐ External</td>
</tr>
</tbody>
</table>

| Estimated Other Per Diem Amount: $                     |

<table>
<thead>
<tr>
<th>Other Per Diem Source of Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ State</td>
</tr>
<tr>
<td>☐ ICR</td>
</tr>
<tr>
<td>☐ Grant/Contract</td>
</tr>
<tr>
<td>☐ Gift</td>
</tr>
<tr>
<td>☐ External</td>
</tr>
</tbody>
</table>

| Provide details of your other reimbursements          |

| 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. |

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”.
### Sabbatical Location

<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 8 weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Reimbursement of Expenses:** Yes

- **Estimated Initial Travel Expenses:**
  - Estimated Transportation Cost Amount: $0
  - Transportation Source of Funds:
    - Transportation Reimbursing Authority:

- **Estimated Differential Expenses:**
  - Estimated Differential Expense Amount: $0
  - Differential Expense Source of Funds:
    - Differential Expense Reimbursing Authority:

- **Estimated Other Travel Expenses:**
  - Estimated Other Transportation Cost Amount: $0
  - Other Transportation Source of Funds:
    - Other Transportation Reimbursing Authority:

- **Estimated Other Travel Lodging Amount:** $0
  - Other Travel Lodging Source of Funds:
    - Other Travel Lodging Reimbursing Authority:

- **Estimated Other Per Diem Amount:** $0
  - Other Per Diem Source of Funds:
    - Other Per Diem Reimbursing Authority:

**Details of Other Reimbursements:**

- Reimbursement Signature: Signed by

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

Use the "Previous" button to go back and edit your content.
Sabbatical Application 2024/2025

UIUC Unit Executive Officer (UEO) Net ID

(Do not enter your own net ID here) Enter UIUC UEO Net ID*

Not Sabbatical Requester / Submitter 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.

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 remit to the University an amount equal to the gross salary paid while on sabbatical 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
Sabbatical Application Submitted

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

Application for Sabbatical Leaves of Absence

Period: Sabbatical Application 2024-2025
Name:
UIN:
Campus: U: Urbana
Employee Status: A: Active
Employee Home COA:
Employee Home Org:
Rank: Professor
Department:
School:
College:

Date of App to UI Faculty: Test
Previous UI Sabbatical: Test
Previous Leave w/o Pay: Test

Proposed Period of Leave/Salary 9 Month:
Proposed Period of Leave/Salary 12 Month: Full year two-thirds pay
Start Date:
End Date:

Alt Proposed Period of Leave/Salary 9 Month:
Alt Proposed Period of Leave/Salary 12 Month:
Alt Start Date:
Alt End Date:

Concise Statement: Test

Full Statement Title: Test
Description of Work/Research: Test
Location Justification: Test
Explanation of Significance: Test
Contributions: Test
Non-Sabbatical Compliance: Institutional Animal Care and Use Committee (IACUC) protocol
Sabbatical Compliance: Commercial Entity

Supplemental Salary: Yes
Supplemental Salary Amount: $10,000
Supplemental Salary Source: ICR
Supplemental Salary Approval: Yes
Supplemental Salary Attachment: if answer above is Yes, Go To Attachment
NonUI Supplemental Funds (e.g., scholarship/fellowship): Yes
NonUI Supplemental Funds (e.g., scholarship/fellowship) Amount: $10,000
NonUI Supplemental Funds (e.g., scholarship/fellowship) Source: Test
NonUI Supplemental Funds (e.g., scholarship/fellowship) Explanation: Test
Sabbatical Location

<table>
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<td>less than 8 weeks</td>
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</tbody>
</table>

Reimbursement of Expenses: Yes

Estimated Initial Travel Expenses:  
Estimated Transportation Cost Amount: $0
Transportation Source of Funds:  
Transportation Reimbursing Authority:  

Estimated Differential Expenses:  
Estimated Differential Expense Amount: $0
Differential Expense Source of Funds:  
Differential Expense Reimbursing Authority:  
Differential Expense Details:  

Estimated Other Travel Expenses:  
Estimated Other Transportation Cost Amount: $0
Other Transportation Source of Funds:  
Other Transportation Reimbursing Authority:  

Estimated Other Travel Lodging Amount: $0
Other Travel Lodging Source of Funds:  
Other Travel Lodging Reimbursing Authority:  

Estimated Other Per Diem Amount: $0
Other Per Diem Source of Funds:  
Other Per Diem Reimbursing Authority:  
Details of Other Reimbursements:  
Reimbursement Signature:  