

APPLICATION FOR SABBATICAL LEAVE - UNIVERSITY OF ILLINOIS

Campus: UIC UIS UIUC

Name: \_\_\_\_\_ UIN: \_\_\_\_\_ Date: \_\_\_\_\_

Rank: \_\_\_\_\_

Department: \_\_\_\_\_ School: \_\_\_\_\_ College: \_\_\_\_\_

List all joint (not 0%) tenure-track or tenured appointments including department, college/school (approvals must be obtained): \_\_\_\_\_

**ELIGIBILITY (See the University Statutes, Article IX, Section 7(a).)**

Date of Appointment to UI Faculty: \_\_\_\_\_ Date and Duration of Previous UI Sabbatical: \_\_\_\_\_

Date and Duration of All Prior Leaves Without Pay (if taken): \_\_\_\_\_

**PROPOSED PERIOD OF LEAVE**

- Full Academic Yr., 2017-18     Fall Semester, 2017     Spring Semester, 2018     Fall Semester, 2018  
 Other Period (Twelve-Month Service only) \_\_\_\_\_ (start and end of leave dates)

**SALARY**     Full pay     2/3 pay     1/2 pay

**SUPPLEMENTAL SABBATICAL SUPPORT DURING PARTIAL PAY LEAVE (IF APPLICABLE)**

➤ **SUPPLEMENTAL SALARY THROUGH THE UNIVERSITY**

For a sabbatical leave at less than full pay, faculty may supplement their sabbatical pay up to full pay (e.g., if 2/3<sup>rd</sup>'s pay, up to an additional 1/3<sup>rd</sup> 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.**

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) as administered by the University?

- Yes, approval is attached**     **Pending**, application submitted     **No**, skip to the next question

Amount (e.g., "1/3 salary," "\$10,000"): \$ \_\_\_\_\_ Source of funds: \_\_\_\_\_

➤ **SABBATICAL FUNDING NOT ADMINISTERED BY THE UNIVERSITY**

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

Are there other sources of supplemental funding during the sabbatical (scholarship or fellowship stipend)?

- Yes, an explanation is attached.**     **No**

Amount: \$ \_\_\_\_\_ Source of funds: \_\_\_\_\_

- **ALTERNATE PERIOD OF LEAVE IF SABBATICAL SUPPORT/FUNDING IS NOT RECEIVED (list period):** \_\_\_\_\_  **No alternate period**

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**CONCISE STATEMENT OF PLANS/PURPOSE OF LEAVE:**

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 is not for discipline colleagues; it should be meaningful to a reader outside your discipline. 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.**

**FULL STATEMENT OF PLANS:** Use this page to **provide complete details regarding your sabbatical plans**. If necessary, add an additional page to this application.

**SABBATICAL FULL STATEMENT OF PLANS**

PERIOD: \_\_\_\_\_ LOCATION(S): \_\_\_\_\_

BRIEF TITLE: \_\_\_\_\_

The Full Statement of Plans (A-D) is limited to 1000 words total (approx. 4 double spaced pages). *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.) If you prefer, a statement may be attached for each section, however the prescribed outline needs to be followed, i.e. include lettering and heading.

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

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

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**C. 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.)**

**D. 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?)**

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**RESIDENCE DURING SABBATICAL:**

Place of residence during sabbatical period: (Indicate whether you will be based at your home location or whether you will move to reside for 8 weeks or more at another location during the term of the sabbatical.)

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

**REIMBURSEMENT OF EXPENSES<sup>1</sup>:**

Irrespective of source of funds and reimbursing authority (both internal and external sources), will the sabbatical result in reimbursement to you for expenses related to the sabbatical leave? Do not report personal out-of-pocket expenses.

- No, skip to the next section       Yes, complete applicable items below.

**If Yes, then note that any reimbursement paid via the University requires department and college approval.**

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

- **Initial travel to and/or return from a sabbatical location (if location of residence will change for at least 8 weeks during the sabbatical) :**

<i>Type of Expense</i>	<i>Amount</i>	<i>Source of Funds<sup>2</sup></i>
Transportation Cost	\$	
Differential Expenses (e.g., housing, cost of living for the duration of the residency) <sup>3</sup>		

- **Other travel during sabbatical period <sup>4</sup>**

<i>Type of Expense</i>	<i>Amount</i>	<i>Source of Funds<sup>5</sup></i>
Transportation Cost	\$	
Travel Lodging		
Travel Per Diem		

- **Other reimbursements (use space below or attach detailed explanation):**  
**USE THIS SPACE TO INDICATE DETAILS OR ATTACH A SEPARATE SHEET:**

<sup>1</sup> In reviewing and approving sabbatical leave requests, unit executive officers should consider whether the travel associated with the sabbatical is appropriate, given the nature of the sabbatical work. Please refer to [OBFS policies](#) regarding reimbursements.

<sup>2</sup> For University funds, list fund type (state, ICR, grant, gift). For external funds, list reimbursing authority.

<sup>3</sup> Allowed **only** if covered by grant or allowable gift or external funds. Attach detailed statement.

<sup>4</sup> 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, or other allowable fund sources.)

<sup>5</sup> For University funds, list fund type (state, ICR, grant, gift). For external funds, list reimbursing authority.

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**RESEARCH COMPLIANCE AND LOCATION:**

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
- For-Profit Educational or Research Institution
- Other, Please Specify: \_\_\_\_\_

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.

**PLEASE NOTE AND INITIAL:**

- \_\_\_ ➤ 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.**

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**PLEASE PRINT AND SIGN. THIS FORM MUST CONTAIN AN ORIGINAL SIGNATURE. E-SIGNATURES WILL NOT BE ACCEPTED.**

**APPLICANT FORWARDS AN ORIGINAL AND ONE COPY OF THIS APPLICATION TO HIS/HER HOME UNIT. ADDITIONAL ROUTING WILL BE: 1). TO THE SCHOOL/COLLEGE; 2). FACULTY AFFAIRS (UIC), THE OFFICE OF THE PROVOST (UIS), OR ACADEMIC HUMAN RESOURCES OFFICE (UIUC); 3). TO THE CHANCELLOR OR CHANCELLOR'S DESIGNEE; AND 4). TO THE PRESIDENT, WHO TRANSMITS RECOMMENDATIONS TO THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS FOR FINAL ACTION.**

**(Please proceed to next page.)**

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STATEMENT OF UNIT EXECUTIVE OFFICER

NOTE: In a situation involving joint tenure, please duplicate this page for use by the non-home unit and include both the home unit and non-home unit approvals with the completed application form.

Describe specific provisions made to cover applicant's work during his/her absence, including undergraduate and graduate instruction and supervision, and administrative responsibilities. If the plan includes teaching replacement while the faculty member is on sabbatical, then please indicate how the arrangement(s) will not increase the departmental budget.

[Empty box for describing provisions]

How will the proposed activity improve the applicant's ability to meet the goals of the Department, the University and the State or the nation?

[Empty box for describing improvement]

Will the leave involve additional expense to the University? If so, give amount and attach a request to the Chancellor or Chancellor's Designee for approval, including how additional expenses will be covered.

No  Yes Amount \_\_\_\_\_

This application has rank \_\_\_\_ in a total of \_\_\_\_ applications from this Department, which has \_\_\_\_ full-time faculty members. I approve of the above request for leave.

Date \_\_\_\_\_ Unit Executive Officer \_\_\_\_\_

Date: \_\_\_\_\_ School Director (if applicable) \_\_\_\_\_

(To be completed by the College or Administrative Unit Concerned)

Statement by the Dean

I approve the above request for leave and, if proposed, the additional expense to the unit. I believe that the department can function effectively if no more than \_\_\_\_ requests for sabbatical leaves are granted.

UIS only: This application has rank \_\_\_\_ in a total of \_\_\_\_ applications from this college which has \_\_\_\_ full-time faculty members.

Date \_\_\_\_\_ Dean \_\_\_\_\_

(To Be Completed by Chancellor or Designee)

Recommendation of Chancellor:  Approve  Disapprove

Date: \_\_\_\_\_ Chancellor/Designee: \_\_\_\_\_

(Campus Use Only)

Eligibility Approved:  Yes  No Comments: \_\_\_\_\_

(End of application)