



Sabbatical Leave Application

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APPLICATION FOR SABBATICAL LEAVE

SOUTHERN ILLINOIS UNIVERSITY CARBONDALE

FACULTY MEMBER INFORMATION

LAST	FIRST	MIDDLE	Employee ID	Mail Code
Position ID 1	Rank or Title (Job)	Department (Organization)	FTE	
Position ID 2	Rank or Title (Job)	Department (Organization)	FTE	
Tenure/Tenure-Track Hire Date		Most recent leaves with or without pay (provide dates)		

LEAVE INFORMATION

Sabbatical Leave		
Type of Leave	Appointment Type	
Effective Dates of Leave	Fiscal Year Leave Begins	Sabbatical Length

APPLICANT'S VERIFICATION OF UNDERSTANDING:

- ☐ **Obligation to Return:** I understand that, if granted leave, I am obligated to return to the University for at least one academic year following my return from sabbatical leave. Failure to return to the University for all or part of the period described above will entitle the University to be reimbursed for an amount of salary proportional to the length of time remaining.
- ☐ **Obligation to Report on Leave Activities:** I understand that, if granted leave, I am obligated to provide a report within the timeline stated in the SIUC Faculty Association contract or University policy, as applicable, upon completion of the leave.
- ☐ **Obligation to Seek Approval for Revisions:** I understand that, if granted leave under the conditions described and conditions relating to the leave change, I am obligated to submit a statement of revision setting forth the requested amendment(s) for review through the appropriate administrative approval levels.
- ☐ **Obligation to Seek Approval for Remuneration:** I understand that, if granted leave, I am required to submit a separate request for approval for any anticipated earnings from an entity other than SIU during this period. The *Annual Disclosure of Proposed Non-University Activities and Financial Interests* form must be submitted and approved separately from the Sabbatical Leave application and must be approved prior to engaging in any outside activity.
- ☐ **Eligibility for Tenure-Track Faculty:** I understand that, if I am not awarded tenure, this sabbatical request will become null and void.

Applicant's Signature

Date

ADMINISTRATIVE APPROVALS

Verification of Fiscal Understanding: I verify that the applicant's unit is able and prepared to cover classes using existing faculty and without additional budgetary resources from Central Administration. I understand that the applicant's unit may use salary dollars saved by sabbaticals taken at half-pay to pay for replacement faculty.

Chair/Director
Comments

☐ Recommended

☐ Not Recommended

☐ **Unit Verification of
Fiscal Understanding**

Chair/Director

Date

Dean
Comments

☐ Recommended

☐ Not Recommended

☐ **College Verification of
Fiscal Understanding**

Dean/Director

Date

Vice Chancellor/Provost

Date

Date of Ratification by the Board

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SOUTHERN ILLINOIS UNIVERSITY CARBONDALE

Please provide detailed summary of application. Please answer all questions completely (form will expand with response).
Supplemental materials (letters of support, graphics, charts, etc.) may be attached to this form in addition to the text response provided below.

Provide a brief abstract (up to 100 words) of the planned activities and outcomes during the proposed leave. Please use lay-terms; this information is used to prepare a document for approval by the Board of Trustees.

Provide the location(s) of the proposed sabbatical activities; this information is used to prepare a document for approval by the Board of Trustees.

Provide a description of the specific goals of the leave. Please include information regarding the importance and relevance of the proposed activity in the context of your program of scholarship and your discipline. How does the proposed leave build upon your previous work and contribute to your continued professional development?

Given the nature of the proposed activities and the goals of the leave, please provide a detailed summary of the plan that includes the research or creative approach that will be applied to meet the above listed goals, including travel or collaboration with colleagues at other institutions, as well as an overview of the timeline for the proposed project.

Provide a description of the anticipated outcomes, including tangible products, of the sabbatical project, including information about the nature of peer review and significance/impact of the work as applicable.

- ☐ Current CV attached **(required)**
- ☐ Supplemental materials (letters of support, graphics, charts, etc.) attached *(optional)*