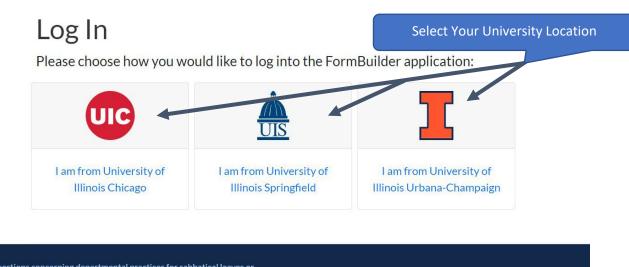


Revised 08-09-2024



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

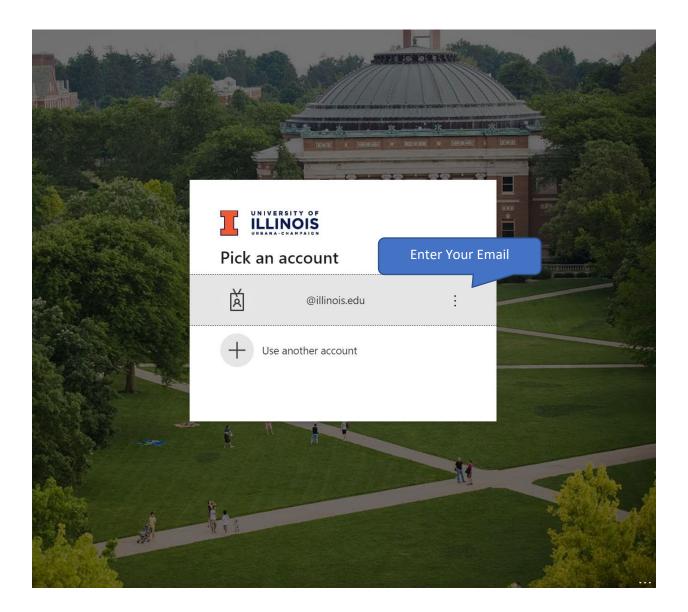
For general questions about the sabbatical process and completing the application, contact:

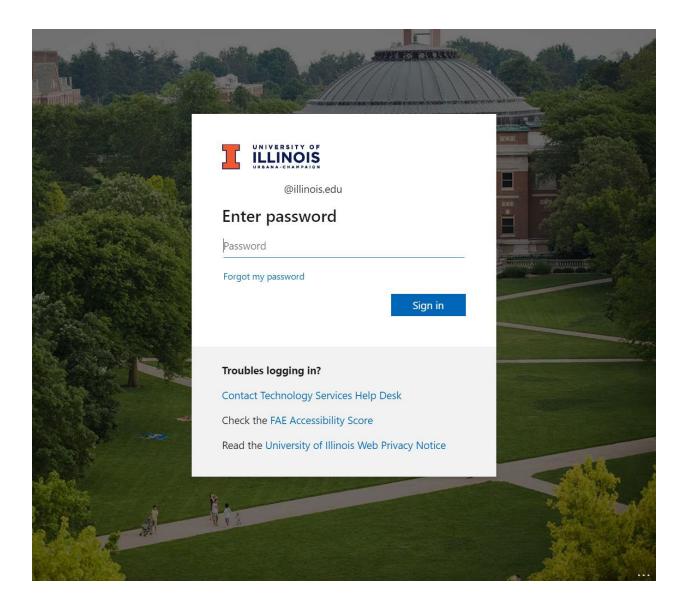
For UI-Urbana-Champaign: sabbaticals@Illinois.edu, 217/333-6677 For UI-Chicago: facultyaffairs@uic.edu, 312/996-9321 For UI-Springfield: ahr@uis.edu, 217/206-6616

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SABBATICAL APPLICATION 2025/2026

Version v1.45.0.3





#### Sabbatical Application 2025/2026

#### 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 <u>Guidelines for Sabbatical Leaves of Absence</u> 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.

3. On pages 1-9, navigate to the next page by selecting "Continue", 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 "Submit" 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 "Continue" 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: sabbaticals@illinois.edu, 217/333-6677 For UI-Chicago: facultyaffairs@uic.edu, 312-996-9321 For UI-Springfield: ahr@uis.edu, 217/206-6616

Submit

Important Links:

**Guidelines for Sabbatical Leaves of Absence** 

**University Statutes** 

Sabbatical Application Help Document

Refer to the Guidelines and the contact info at bottom of page.

## Sabbatical Application 2025/2026

#### Application for Sabbatical Leaves of Absence Period: Sabbatical Application 2025/2026 Name: UIN: University: Urbana **Employee Status: Active** \* Denotes a required field. Page cannot be Employee Home COA: Employee Home Org: saved until required fields are complete. Sabbatical Requester Information University within UI System\* O University of Illinois Chicago Approval of your tenure/rank promotion O University of Illinois Springfield by the Board of Trustees (usually July) must Output of Illinois Urbana-Champaign occur before a sabbatical leave can be Rank\* Professor finalized. However, you should submit the O Associate Professor application during the usual fall cycle. O Assistant Professor UIUC College\* O CARLE ILLINOIS COLLEGE OF MEDICINE O COLLEGE OF AGRICULTURAL, CONSUMER AND ENVIRONMENTAL SCIENCES O COLLEGE OF APPLIED HEALTH SCIENCES O COLLEGE OF BUSINESS O COLLEGE OF EDUCATION O COLLEGE OF ENGINEERING O COLLEGE OF FINE AND APPLIED ARTS O SCHOOL OF INFORMATION SCIENCES O SCHOOL OF LABOR AND EMPLOYMENT RELATIONS O COLLEGE OF LAW O COLLEGE OF LIBERAL ARTS AND SCIENCES COLLEGE OF MEDIA O SCHOOL OF SOCIAL WORK O COLLEGE OF VETERINARY MEDICINE O UNIVERSITY LIBRARY UIUC Unit/Dept\* ♦ Previous Continue 🀳

# Sabbatical Application 2025/2026

ee the University Statutes Article IX, Section 7a.	Format: month/year as numbers
/onth/Year of Hire Date to the UI Tenure System Faculty*	Format: monthy year as humbers
08/2026	
)ate and Duration of Most Recent UI Sabbatical Taken (Indicate "n	one", if you have not previously taken a sabbatical leave)"

# Sabbatical Application 2025/2026

The submission period for 2025-2026 sabbatical leave applications is now open.	
The available options for 9-month employees are:	
1. Academic Year 2025-26,	
2. First semester 2025 (Fall),	
3. Second semester 2026 (Spring), or	
4. Second semester 2026 (Spring)/First semester 2026 (Fall).	
12-month employees should specify a period between August 16, 2025 and August 15, 2026 based on the leav	e 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 of the service of the	ion).
Proposed Period of Leave and Salary*	
J 1/4 year, tuli pay	
⊃ 1/2 year	
○ 1/2 year ○ 2/3rds year, full pay	
<ul> <li>1/2 year</li> <li>2/3rds year, full pay</li> <li>3/4 year, full pay</li> </ul>	
<ul> <li>1/2 year</li> <li>2/3rds year, full pay</li> <li>3/4 year, full pay</li> <li>Full year</li> </ul>	
<ul> <li>1/2 year</li> <li>2/3rds year, full pay</li> <li>3/4 year, full pay</li> <li>Full year</li> <li>Salary*</li> </ul>	
<ul> <li>1/4 year, full pay</li> <li>1/2 year</li> <li>2/3rds year, full pay</li> <li>3/4 year, full pay</li> <li>Full year</li> <li>Salary*</li> <li>two-thirds pay</li> <li>one-half pay</li> </ul>	
<ul> <li>1/2 year</li> <li>2/3rds year, full pay</li> <li>3/4 year, full pay</li> <li>Full year</li> <li>Salary*</li> <li>two-thirds pay</li> <li>one-half pay</li> </ul>	
<ul> <li>1/2 year</li> <li>2/3rds year, full pay</li> <li>3/4 year, full pay</li> <li>Full year</li> <li>Salary*</li> <li>two-thirds pay</li> <li>one-half pay</li> </ul>	c
<ul> <li>1/2 year</li> <li>2/3rds year, full pay</li> <li>3/4 year, full pay</li> <li>Full year</li> <li>Salary*</li> <li>two-thirds pay</li> <li>one-half pay</li> <li>Start Date*</li> </ul>	
<ul> <li>1/2 year</li> <li>2/3rds year, full pay</li> <li>3/4 year, full pay</li> <li>Full year</li> <li>Salary*</li> <li>two-thirds pay</li> </ul>	
<ul> <li>1/2 year</li> <li>2/3rds year, full pay</li> <li>3/4 year, full pay</li> <li>Full year</li> <li>Salary*</li> <li>two-thirds pay</li> <li>one-half pay</li> <li>Start Date*</li> </ul>	
<ul> <li>1/2 year</li> <li>2/3rds year, full pay</li> <li>3/4 year, full pay</li> <li>Full year</li> <li>Full year</li> <li>Salary*</li> <li>two-thirds pay</li> <li>one-half pay</li> <li>Start Date*</li> </ul>	
<ul> <li>1/2 year</li> <li>2/3rds year, full pay</li> <li>3/4 year, full pay</li> <li>Full year</li> <li>Full year</li> <li>Salary* <ul> <li>two-thirds pay</li> <li>one-half pay</li> </ul> </li> <li>Start Date* <ul> <li>End Date*</li> </ul> </li> <li>Are you requesting an alternate period of leave?* <ul> <li>No</li> </ul> </li> </ul>	
<ul> <li>1/2 year</li> <li>2/3rds year, full pay</li> <li>3/4 year, full pay</li> <li>Full year</li> <li>Salary* <ul> <li>two-thirds pay</li> <li>one-half pay</li> </ul> </li> <li>Start Date* </li> <li>End Date* </li> <li>Are you requesting an alternate period of leave?* <ul> <li>No</li> <li>Yes</li> </ul> </li> </ul>	,
<ul> <li>1/2 year</li> <li>2/3rds year, full pay</li> <li>3/4 year, full pay</li> <li>Full year</li> <li>Salary*</li> <li>two-thirds pay</li> <li>one-half pay</li> <li>Start Date*</li> </ul> End Date* End Date* Are you requesting an alternate period of leave?* <ul> <li>No</li> <li>Yes</li> <li>ample: 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</li> </ul>	
<ul> <li>1/2 year</li> <li>2/3rds year, full pay</li> <li>3/4 year, full pay</li> <li>Full year</li> <li>Salary*</li> <li>two-thirds pay</li> <li>one-half pay</li> <li>Start Date*</li> </ul> End Date* Are you requesting an alternate period of leave?* No Yes	

If yes, then additional information is required

## Sabbatical Application 2025/2026

### **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 S	SUMMARY IN LAY LANG	UAGE	
← Previous	Continue 🗲		
		Please use lay language, no more than 40	w

Please use lay language, no more than 40 words and use format statement, similar to: To research XXX, which impacts XXX; and to complete XXX publications/works.

11

## Sabbatical Application 2025/2026

Please – no more than 1,000 words TOTAL in this section.

1,

1

1

#### 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

+ Previous

Continue →

	IRB, IBC or RSS as applicable.
Research Information	
Note: If your sabbatical leave is approved <mark>, you are required to notify IACL</mark> oversight and management of your research for the duration of your sabb	JC, IRB, IBC or RSS (as appropriate) and make arrangements for the continued patical.
Mark all that apply to your regular, non-sabbatical research work on campu	us (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 yo	our sabbatical period (check at least one):*
Commercial Entity	
U.S. National Laboratory/Museum/Archives	
Non-Profit Educational or Research Institution (includes remaining at United States)	niversity of Illinois)
For-Profit Educational or Research Institution	
Other	
← Previous Continue →	

Check-in with your Business Officer.

## Sabbatical Application 2025/2026

### Financial Support and Reimbursements During Leave Period

SUPPLEMENTAL SALARY THROUGH UNIVERSITY: If you are requesting a partial paid sabbatical leave, 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/contract) as administered by the University?\*

#### Yes

#### O No or N/A

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

Amount (e.g., "1/3 salary," "\$10,000"):"	
	Supplemental funds require approval.
Source of funds:*	You MUST submit your department's
ICR	approval in order for your application to
Gift	be processed. If you do not yet have your
Grant or Contract	
Have you received approval for these supplemental funds?*	approval document, select "pending". The
• Yes	document needs to be submitted prior to
<ul> <li>Pending, application submitted</li> </ul>	leave.
Attach Approval <sup>®</sup> Choose File No file chosen	
Are there other sources of supplemental funding during the sabbatical	(e.g., scholarship or fellowship stipend)?*
• Yes	
O No or N/A	
Supplemental sabbatical funding from a scholarship or fellowship carrying a stipend may	be received independently or in addition to supplemental sabbatical salary.
Amount of Sabbatical Funding Not Administered by the University*	
Source of Sabbatical Funding Not Administered by the University*	
Explanation of Sabbatical Funding Not Administered by the University	
← Previous Continue →	

. .

	Expenses D	uring Leave Period	
inter the number of loc one location even if it is			of sabbatical leave (you must enter at least
1			Number format (not w
Duration	City	State/Province	Country (if outside US)
<ul> <li>less than 8 weeks</li> <li>8 weeks or more</li> </ul>			
) No			b be submitted upon return from the leave? e in your estimate the fund source(s) (ICR,
A good faith estimate of itate, grant/contract, gi estimated expenses. An vill need to be manage	y modifications to th d through your depar	rtment and/or college for review and ap	n through this sabbatical application and
state, grant/contract, girestimated expenses. An	y modifications to th d through your depa tical Help Document	nis estimate will not require resubmission rtment and/or college for review and ap on page 13.	n through this sabbatical application and

be submitted, you must follow requirements under the university business regulations on expenditures. Types of expenses may be travel, per diem, lodging, differential expenses (cost of living, etc) and others. Include in your estimate the fund source (ICR, state, grant/contract, gift, etc.), amount, and category (travel, per diem, lodging, etc.) of your estimated expenses.

Any questions regarding these regulations should be directed to either your unit business manager or University Payables,

https://www.busfin.uillinois.edu/cms/One.aspx?portalId=1993898&pageId=2128002

## Sabbatical Application 2025/2026

### **Application for Sabbatical Leaves of Absence**

Period: Sabbatical Application Name: UIN: Campus: U: Employee Status: A: Active Employee Home COA: Employee Home Org: Rank: Department: School: College:

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

Proposed Period of Leave/Salary 9 Month: Proposed Period of Leave/Salary 12 Month: 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:** 

Full Statement Title: Description of Work/Research: Location Justification: Explanation of Significance: Contributions: Non-Sabbatical Compliance: Sabbatical Compliance:

Supplemental Salary: Supplemental Salary Amount:\$ 10,000 Supplemental Salary Source: ICR Supplemental Salary Approval: Pending, application submitted Supplemental Salary Attachment: <u>If answer above is Yes, Go To Attachment</u>

NonUI Supplemental Funds (e.g. scholarship/fellowship): Yes NonUI Supplemental Funds (e.g. scholarship/fellowship) Amount:\$ NonUI Supplemental Funds (e.g. scholarship/fellowship) Source: NonUI Supplemental Funds (e.g. scholarship/fellowship) Explanation:

Duration	City	State/Province	Country (if outside US)
less than 8 weeks			
Reimbursement of Expenses	: No		
Estimated Expenses: <u>If answe</u>	er above is Yes, Go	To Attachment	
Check this box and "Save"	when you are rea	dy to submit your applicatio	on.*
	when you are rea	dy to submit your applicatio	on.*

Any modifications to this estimate will not require resubmission through this sabbatical application and will need to be managed through your department and/or college for review and approval.

### Sabbatical Application 2025/2026

#### **UIUC Unit Executive Officer (UEO) Net ID**

(DO NOT ENTER YOUR OWN NETID 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 university 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 earned, accounting for service basis, while on sabbatical leave.

Upon completion of the sabbatical leave, faculty must submit a report on their sabbatical activities; please refer to university 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. I certify that if I have requested financial support and/or provided a good faith estimate of expenses that they are related to my sabbatical leave. I understand if this changes, I must work directly with my department and/or college for review and approval of those changes. Additionally, 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)\*



## Sabbatical Application 2025/2026

### Sabbatical Application Submitted

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

Thank you.

### **Application for Sabbatical Leaves of Absence**

iod: Sabbatical Application			
me:			
:			
npus: U:			
ployee Status: A: Active			
ployee Home COA:			
oloyee Home Org:			Congratulations your
k: Professor			
partment:			sabbatical application has
ool:			been submitted for review
ege:			been submitted for review
of Appt to UI Faculty:			
vious UI Sabbatical:			
ous Leave w/o Pay:			
osed Period of Leave/Salary 9			
osed Period of Leave/Salary 12	2 Month: Full	year two-thirds pay	
t Date: 2024-08-08			
Date: 2025-07-18			
roposed Period of Leave/Sala	ry 9 Month:		
Proposed Period of Leave/Salar	ry 12 Month:		
tart Date:			
nd Date:			
cise Statement: Test			
tatement Title: Test			
cription of Work/Research: Tes	st		
tion Justification: Test			
nation of Significance: Test			
ributions: Test			
Sabbatical Compliance: None			
atical Compliance: Commerci	al Entity		
elemental Salary: Yes			
plemental Salary Amount:\$ 10,	000		
lemental Salary Source: ICR			
lemental Salary Approval: Per			
lemental Salary Attachment:	If answer ab	<u>ove is Yes, Go To Attach</u>	ment
UI Supplemental Funds (e.g. s	cholarship/fe	llowship): Yes	
UI Supplemental Funds (e.g. s	cholarship/fe	llowship) Amount:\$ Tes	t
JI Supplemental Funds (e.g. se	cholarship/fe	llowship) Source: Test	
Il Supplemental Funds (e.g. se	cholarship/fe	llowship) Explanation:	Test
atical Location			
uration	City	State/Province	Country (if outside US)
aracion			

Estimated Expenses: If answer above is Yes, Go To Attachment