

Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone: 618.650.2190 | Fax: 618.650.2646 | benefitsshr@siue.edu

Continuing members of the academic faculty may, upon recommendation of the Chancellor and approval of the Board of Trustees, be granted sabbatical leave for purposes of scholarly activity and study which contribute to the professional growth of the faculty member and thereby to the continuing academic vitality of the University. Applicants should consult the Sabbatical Leave Policy, Personnel Policies, SIUE, II 6-7b of the most current online Faculty Handbook, for details about faculty eligibility and length of leaves. During the period of sabbatical leave, a faculty member shall not engage in salaried work for another employer without prior approval of the Provost and Vice Chancellor for Academic Affairs or the Chancellor. By acceptance of a grant of sabbatical leave, a faculty member agrees to return to the University for a period of service of not less than the duration of the leave following termination of such leave. The faculty member also agrees to submit a report of sabbatical leave activity to the Provost through the Department Committee, Chair, and School or College Dean within 90 days of return to regular assignment. Additionally, within the fall or spring semester following the completion of an approved sabbatical leave, faculty must give or display a professional presentation to the University regarding the outcomes associated with the approved project

Action on this application shall be based on information submitted on this form and on the applicant's responses to the questions in the Sabbatical Application Guidelines. Should conditions relating to the sabbatical leave change, an amended application must be submitted for review.

Applications should be in the hands of the Provost by November 1, preceding the academic year in which the leave is to occur.

Name: _____ Banner ID: _____
Rank: _____ Department: _____
AIS Account Title: _____ Budget Purpose No.: _____

Period for which sabbatical leave is requested (Provide beginning and ending dates on appropriate line):

"One (1) semester at full pay: _____ Semester, 20 ____ (year)
*****One year (12 months) at half pay, beginning: _____ Semester, 20 ____ (year)
One semester at half pay: _____ Semester, 20 ____ (year)
Other: at half pay OR full pay, beginning on _____, _____ (year), and ending on _____, _____ (year).

(These dates must fall within the academic year unless a different basic appointment period prevails. Ordinarily summer assignments are not part of the basic appointment period.)

Purpose and location of the proposed sabbatical leave:

Purpose: _____
Location: _____

Important Note: It is the responsibility of the individual faculty member who is applying for sabbatical leave to ensure that they secure all of the relevant permissions, and that the project conforms to all applicable University policies, as well as state and federal law. Due to the timing of the sabbatical application process, some types of final approvals may not be available at the time of the sabbatical application's initial review. While the absence of such final approvals shall not prevent the application from moving forward in the application review process, the failure to acquire full and final approvals may result in a denial of the sabbatical leave, even if the application has previously received initial approvals at all levels. _____
(Initials)

Is the proposed location of the sabbatical outside of the U.S.? (<http://www.siue.edu/orp/forms.shtml>.)

Yes No ***** If yes, I affirm that I shall submit the required Export Control paperwork in an appropriate timeframe and, once approval is received, copies of the approvals shall be submitted to the chair, dean, and provost. I further understand that if approvals are not granted, I will not be granted the sabbatical leave. _____ (Initial)

Note: You may propose revisions to your sabbatical project in accord with the guidelines stipulated in the policy.

Does the project require review by the Institutional Review Board, including the clinical IRB?

Yes No If yes, I affirm that I shall submit an application to the IRB and receive final approval before beginning the proposed sabbatical work, and shall submit copies of such approvals to the chair, dean, and provost. If the project is not approved by the IRB, I understand that I will not be granted the sabbatical leave. _____ (Initial) Note: You may propose revisions to your sabbatical project in accord with the guidelines stipulated in the policy.

***You must attach an Approval Request For Non-University Employment By Full-Time Faculty**
(<http://www.siue.edu/provost/pdf/ApprovalRequestForNonUniversityEmployment.pdf>)

Does the project require review by the Institutional Animal Care Use Committee?

Yes No If yes, I affirm that I shall submit an application to the IACUC and receive final approval before beginning the proposed sabbatical work, and shall submit copies of the approvals to the chair, dean, and provost. If the project is not approved by the IACUC, I understand that I will not be granted the sabbatical'gexg. _____(Initial) Note: You may propose revisions to your sabbatical project in accord with the guidelines stipulated in the policy.

Does the project require review by the Institutional Biosafety Committee?

Yes No If yes, I affirm that I shall submit an application to the Institutional Biosafety Committee and receive final approval before beginning the proposed sabbatical work, and shall submit copies of the approvals to the chair, dean, and provost. If the project is not approved by the IBC, I understand that I will not be granted the sabbatical leave. _____(Initial) Note: You may propose revisions to your sabbatical project in accord with the guidelines stipulated in the policy.

Does this project require any other approvals?

Yes No I affirm that I will seek any other approvals (e.g. country permissions, organizational permissions, etc.) necessary to the successful legal and ethical execution of this project. _____(Initial)

Changes to the sabbatical application:

I understand and affirm that any changes to the sabbatical project and expected sabbatical outcomes either prior to the period of leave or during the sabbatical leave itself shall be approved as stipulated in the policy. _____ (Initials)

Sabbatical presentation:

I understand and affirm that within the fall or spring semester following the completion of my sabbatical leave, I shall give or display a professional presentation to the University regarding the outcomes associated with the approved project. _____ (Initials)

A summary of not more than 25 words must appear here. This statement will be used to report the request for leave to the Board of Trustees. (Attach responses to questions in the Sabbatical Application Guidelines.)

Amount of salaried income expected from another employer: (see * below) _____

Amount of non-University income expected from grants, scholarships, or other sources _____

Amount of travel and/or living expenses expected from grants, scholarships, or other sources: _____

Number of years of service: _____ Dates of same: _____

Previous leaves with or without pay (give dates): _____

Please fill in all blanks, sign and make a copy for yourself before forwarding.

Signature of applicant _____ Date: _____

Leave recommended by: Departmental Committee: _____ Date: _____

Chair: _____ Date: _____

Dean: _____ Date: _____

Approved by: Provost and Vice Chancellor: _____ Date: _____

Chancellor: _____ Date: _____

Ratified by the Board of Trustees at their meeting _____ (month/day/year)

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(<http://www.siu.edu/provost/pdf/ApprovalRequestForNonUniversityEmployment.pdf>)