

Carbondale Campus End User Instructions

FORM – Application for Sabbatical/Professional Development Leave

Use: For a faculty or administrative/professional staff member to apply for and obtain administrative approval for a sabbatical/professional development leave.

Access: Obtain necessary form(s). Electronic forms are available through the eforms website *eforms* (<http://eforms.siu.edu/siuforms/info/hro3004.html>)

Instructions: Complete the form using the following instructions. Unless noted, all fields are **REQUIRED**.

Name The last, first and middle name of the appointee.

Employee ID Employee ID of the appointee.

Mailcode Mailcode where the appointee receives campus mail.

Effective Date(s)

Beginning Date The beginning of the requested leave. (Date Format DD Mmm YYYY)

Ending Date The ending date of the requested leave. (Date Format DD Mmm YYYY)

Position ID The unique AIS HRMS identifier for the position(s) held by the individual. Space is provided to list two assignments. Position ID 1 should be the appointee's primary assignment.

Rank or Title (Job) The faculty rank or administrative title of the position(s) held.

Department (Organization) The name of the department(s) where the individual is employed.

Percentage of Time (FTE)

Percentage of time the appointee is to work per week in the assignment.

Type of Leave Requested

Mark whether the requested leave is sabbatical or professional development.

Leave Period

The requested leave period. If the leave is from a fiscal appointment, choose the appropriate period:

- 6 months at full pay
- 12 months at half pay
- Partial – 6 months at half pay

If the leave is from an academic appointment, choose the appropriate period:

- Fall or spring semester at full pay
- 12 months at half pay
- Partial – fall or spring semester at half pay

Purpose of Leave

An abstract of proposed leave including location and specific, but brief, description of activity must be provided on application. An attached detailed summary is also required.

Benefits to Be Derived

For professional development leave only, the benefits to be derived from the leave by the individual and by the University. A more detailed description must also be attached.

Tenure/Tenure Track Hire Date

Applicant's original hire date with the University as tenure/tenure track.

Most Recent Leaves with or without Pay

The dates of the applicant's most recent leaves with or without pay, if applicable.

Signature of Staff member

Signature of the staff member applying for leave and date signed.

Administrative Approvals Section:

Chair/Fiscal Officer

Signature of Chair/Fiscal Officer and date signed. (Date Format DD Mmm YYYY).

Dean/Director

Signature of Dean/Director and date signed. (Date Format DD Mmm YYYY)

Vice Chancellor/Provost

Signature of Vice Chancellor/Provost and date signed. (Date Format DD Mmm YYYY)

Other Administrative Approvals

Signature of any other administrator whose approval is required and date signed. (Date Format DD Mmm YYYY)

Date of Ratification by the Board

Leave Blank. This date is entered by Human Resources.

Special Notes:

Signature requirements vary from responsibility area to responsibility area. Consult with your responsibility area head to determine signature requirements.

Following Board of Trustees approval, Human Resources will forward a copy of the form to the applicant as official notification of the approval of the leave. At Carbondale, a copy will also be forwarded to the vice chancellor for further distribution. For the School of Medicine, a copy will be forwarded to the department.

Routing:

Print this form, acquire the appropriate signatures, and mail it to: Human Resources, MC 6520