

Application for Sabbatical/Professional Development Leave Form

School of Medicine Campus End User Instructions

FORM – Application for Sabbatical/Professional Development Leave

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

Access: Access the form via the Finance & Administration Intranet at <http://intranet.siumed.edu/forms/fna/hrforms.html>. Adobe Reader software (Version 8.0 or higher) must be installed on your computer to allow you to access the form. If you do not have Adobe Reader software, go to the Adobe home page at <http://www.adobe.com> to download the software or contact your LAN administrator.

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

General Information Section:

<i>Last Name</i>	The last name of the appointee.
<i>First Name</i>	The first name of the appointee.
<i>Middle Name</i>	The middle name of the appointee.
<i>Employee ID</i>	The Employee ID Number of the appointee.
<i>Mail Code</i>	The mail code where the appointee receives campus mail.
<i>Effective Date(s)</i>	
<i>Beginning Date</i>	The beginning date of the requested leave. (Date format DD Mmm YYYY)
<i>Ending Date</i>	The ending date of the requested leave. (Date format DD Mmm YYYY)

Application for Sabbatical/Professional Development Leave Form

Appointment Information Section:

- 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)* From the drop down list select the name of the department (organization) where the individual is employed.
- Percentage of Time (FTE)* The percentage of time the appointee is to work per week in the assignment.

Leave Information Section:

Type of Leave Requested
Indicate the type of leave requested.

- Sabbatical
- Professional Development

Indicate Period for Which Leave is Requested (Leave period cannot exceed one calendar year)

Indicate the requested leave period.

Fiscal

- Six months at full pay
- Twelve months at half pay
- Other (Specify on line which appears after button has been chosen)

Academic

- Fall or spring semester at full pay
- Twelve months at half pay
- Other (Specify on line which appears after button has been chosen)

Purpose of Proposed Leave Including Place and Brief Description of Activity (Information must be provided on this form). Attach Detailed Summary As Well

A brief description of the purpose of the proposed leave, including the place and nature of activities to be completed during the leave. A more detailed summary must also be attached.

Application for Sabbatical/Professional Development Leave Form

Benefits To Be Derived From Leave (Professional development leave only). Attach Detailed Summary As Well

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.

Number of Years of Service

The number of years of university service the applicant has completed.

Dates of Service

The applicant's dates of employment with the university.

Most Recent Leaves With or Without Pay (Give dates)

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

Signature of Staff Member

The staff member applying for the leave must sign the form.

Date The date the staff member signed the form.

Administrative Approvals Information Section (As required by campus):

Chair/Fiscal Officer

The signature of the Chair/Fiscal Officer.

Date

The date the Chair/Fiscal Officer signed the form.

Dean/Director

The signature of the Dean/Director.

Date

The date the Dean/Director signed the form.

Vice Chancellor/Provost

The signature of the Vice Chancellor/Provost.

Date

The date the Vice Chancellor/Provost signed the form.

Other Administrative Approval

The signature of any other administrator whose approval is required.

Date

The date any other administrator whose approval is required signed the form.

Other Administrative Approval

The signature of any other administrator whose approval is required.

Application for Sabbatical/Professional Development Leave Form

Date The date any other administrator whose approval is required signed the form.

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.

Routing: Print the form, acquire the appropriate signatures, and mail it to: Human Resources, MC 9601