

ILLINOIS STATE UNIVERSITY
Leave of Absence Request – Faculty and A/P

PERS917

06/06

* University policy numbers referenced as applicable.

Check One: Sabbatical/AP Educational [3.2.8*](#) & [3.4.8*](#) Other Educational [3.1.11*](#) Military [3.1.11*](#) Personal [3.2.9*](#)

Submit completed form to your immediate supervisor.

I. To Be Completed by Person Requesting Leave:

Name: _____ Department: _____

Employee Type: Faculty Administrative/Professional

Dates Requested: From _____ through close of business _____

Compensation During Leave: 100% Unpaid (see [3.2.9*](#)) _____ % Paid by University _____ % Unpaid
 100% Paid by University

You may elect to purchase service credit during an unpaid leave. For more information, contact SURS at 1-800-275-7877.

Prior Leaves Granted (leave type, semester and year): _____

FACULTY PLEASE NOTE: See ASPT Policy: <http://www.provost.ilstu.edu/resources/aspt.shtml>; for explanation of how time spent on leave counts for tenure, see IX.B.1; for explanation of how time spent on leave counts for promotion see VIII.G.

Primary Purpose of Leave (check one):

1. Enhance performance in teaching. 5. Completion of an advanced degree.
 2. Scholarly or artistic productivity. 6. Professional improvement (including travel).
 3. Enhance performance in major university activities other than teaching (attach details). 7. Other: _____
 4. Completion of course requirements toward an advanced degree. _____

Location(s) While on Leave: _____

I have had a cumulative post-tenure review in the past five years: Yes No If yes, attach a summary of the review conclusions.

Upon completing my paid leave, I hereby agree to return to Illinois State University for a term of one academic year. In the event I elect not to return to the University, I agree to reimburse Illinois State University for any salary paid during the leave. ([3.2.8*](#) & [3.4.8*](#))

Academic Employee Signature

Name (Please Print)

Date

II. To be Completed by Immediate Supervisor (Department Chair/School Director/Supervisor):

Disapproved Reason: _____

Approved for (dates): From _____ through _____

How this leave will benefit the department and the University: _____

How work will be covered: _____

Immediate Supervisor Signature

Name (Please Print)

Date

III. To be Completed by 2nd Level Supervisor (Administrator/Dean):

Approved Disapproved Comments: _____

2nd Level Supervisor Signature

Name (Please Print)

Date

IV. For Faculty – To be Completed by Provost:

Approved Disapproved

Time on leave will:

Count Toward Promotion: Yes No NA
Count Toward Tenure: Yes No NA
Count Toward Sabbatical: Yes No NA

For A/P – To be Completed by Human Resources:

Approved Disapproved

For A/P Sabbatical – To be Completed by Provost:

Approved Disapproved

Provost Signature (all Faculty; A/P Sabbatical)

Date

Human Resources Signature

Date