ILLINOIS STATE UNIVERSITY

PERS917

4/21.1

Leave of Absence Request – Faculty and A/P
* University policy numbers referenced as applicable.

Submit completed form to your immediate supervisor.

| Ch | eck One: | Sabbatical/AP Education | al <u>3.2.8</u> * & <u>3</u> | <u>3.4.8</u> * | Fellowship/Other | Scholarly Leave | |
|-----|---|---|------------------------------|--------------------------|-------------------------|-----------------|--|
| | | Other Educational 3.1.11 | • | Military <u>3.1.11</u> * | Personal <u>3.2.9</u> * | | |
| 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*) 100% Paid by University Partial University-Paid Leave: (Check one of three boxes)% Funded by University% Funded by Other Agency% Unpaid | | | | | | |
| | Please provide an account number for compensation provided by an external agency: 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 spent on lea | FACULTY PLEASE NOTE: See ASPT Policy: https://provost.illinoisstate.edu/resources/tenure-promo/ ; 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. 2. Scholarly or artistic productivity. 3. Enhance performance in major university actiteaching (attach details). 4. Completion of course requirements toward and | | | | · · | | |
| | 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 | | | | | | |
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| 11. | 10 00 001 | To be Completed by Immediate Supervisor: | | | | | |
| | Not ap | pproved Reason: | | | | | |
| | Appro | eved for (dates): From | | | through | | |
| | How this leave will benefit the department and the University: | | | | | | |
| | How many | courses will need to be cover | ed because of | of this leave? | | | |
| | Replacement Costs needed: Yes (complete questions below) No replacement costs needed – will use local funds TT variance returns to AIF unless there is a grant buyout | | | | | | |
| | Please share additional rationale for replacement cost support, including the typical teaching load for the faculty member on leave and the importance of the courses to remain on the schedule. | | | | | | |
| | Immediate S | Supervisor Signature | | Name (Please Prin | t) | Date | |

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Date

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III. To be Completed by 2nd Level Supervisor/Department Head/Administrator: Approved Disapproved Comments: 2nd Level Supv./Dept. Head/Admin. Signature Name (Please Print) Date IV. For Faculty – To be Completed by Provost: For A/P – To be Completed by Human Resources: Approved Disapproved Approved Disapproved Time on leave will count toward eligibility for: For A/P Educational Leave – To be Completed by Promotion: Yes No NA **Provost:** Yes Tenure: No NA Disapproved Approved Sabbatical: NA Yes No

Human Resources Signature

Date

Provost Signature (all Faculty; A/P Educational)