## APPLICATION FOR SABBATICAL/PROFESSIONAL DEVELOPMENT LEAVE

## SOUTHERN ILLINOIS UNIVERSITY

Before completing this form, please read through it completely, as well as the University policy on leaves and absences and the relevant sections of the SIUC Faculty Association contract as applicable.

Individuals granted leave are obligated to return to the University for at least one academic year following sabbatical leave or for a period of service equal to the length of the professional development leave granted. Failure to return to the University for all or part of the period described above will entitle the University to be reimbursed for an amount of salary proportional to the length of time remaining.

For sabbatical leave, a written report shall be submitted as detailed in the SIUC Faculty Association contract or University policy as applicable. For professional development leave, a written report shall be submitted to the supervisor within six months of completion of the leave.

Action on the application is based on the information submitted on this form. Should the conditions relating to the leave change, a memo setting forth the requested amendment(s) must be submitted for review through the appropriate administrative approval levels.

NAME: La	ast		First	Middle	Employee ID	Mailcode
Effective	e Dates:	Beginning Date		Ending Date		
Position ID 1	Rank o	r Title (Job)	Depa	artment (Organization)		Percentage of Time (FTE
Position ID 2 Type of leave red		r Title (Job) Sabbatical		artment (Organization) onal development		Percentage of Time (FTE
Indicate period for	or which lea	ave is requested (leave p	period cannot excee	ed one calendar year):		
<u>Fiscal</u>				<u>Academic</u>		
	6 months	at full pay	I	Fall or spring semester at full pa	у	
	12 months at half pay partial-6 months at half pay			12 months at half pay		
				partial-fall or spring semester at	half pav	
		is also required.				
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enefits to be deriv		ave (professional develo	pment leave only)	Attach detailed summary as well	ļ.	
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