

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

PERS917

10/18

\* University policy numbers referenced as applicable.

Submit completed form to your immediate supervisor.

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

**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 PLEASE NOTE: See ASPT Policy: <http://provost.illinoisstate.edu/faculty/tenure.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.
- 2. Scholarly or artistic productivity.
- 3. Enhance performance in major university activities other than teaching (attach details).
- 4. Completion of course requirements toward an advanced degree.
- 5. Completion of an advanced degree.
- 6. Professional improvement (including travel).
- 7. Other: \_\_\_\_\_

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:**

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 2<sup>nd</sup> Level Supervisor/Department Head/Administrator:**

Approved  Disapproved Comments: \_\_\_\_\_

\_\_\_\_\_  
2<sup>nd</sup> Level Supv./Dept. Head/Admin. Signature Name (Please Print) Date

**IV. For Faculty – To be Completed by Provost:**

Approved  Disapproved

Time on leave will count toward eligibility for:

- Promotion:  Yes  No  NA
- Tenure:  Yes  No  NA
- Sabbatical:  Yes  No  NA

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

Approved  Disapproved

**For A/P Educational Leave – To be Completed by Provost:**

Approved  Disapproved

\_\_\_\_\_  
Provost Signature (all Faculty; A/P Educational) Date Human Resources Signature Date