

REQUEST FOR SABBATICAL, RESEARCH, OUTSIDE ACTIVITY LEAVE OR CHANGE IN DUTY STATION

Faculty and Staff: Complete Sections 1 & 2, then sign and route the form for approval (Section 3).

Section 1. COMPLETED BY EMPLOYEE

A. Name: _____ **D. FTE:** _____
B. Department: _____ **E. Position Title:** _____
C. Position Code: _____ **F. Hire Date:** _____
(Do not include grad student employment)

G. Type of Leave:

Research Change in Duty Station Other
(Provide explanation in Section 2)

Outside Activity Sabbatical – Date of last Sabbatical: _____

Use Section 2 (or provide attachment) to describe the purpose and location of your proposed sabbatical leave in accordance with Executive Memorandum No. B-11.

H. Leave Compensation: With Pay With Partial Pay – (FTE _____) Without Pay

I. Days Absent: Start Date: _____ End Date: _____
MM/DD/YY MM/DD/YY

J. Source of Salary Funding While on Leave:

Account Number	Percent	Account Number	Percent
Account Number	Percent	Account Number	Percent

Section 2. PURPOSE OF THIS LEAVE (Attach additional pages if necessary)

For Sabbatical Leaves: I acknowledge that I have read and understand the conditions and obligations attached to the granting of sabbatical leaves, as contained in Executive Memorandum No. B-11, and I acknowledge and agree that if the above request for sabbatical leave is granted, I will be contractually obligated to Purdue University to conform to the terms of said Executive Memorandum B-11. As a part of such obligations, I understand and agree that following completion of the requested sabbatical leave, I will return and will continue my service to Purdue University for at least one additional academic/fiscal year (specified). I further understand and agree that in the event of breach of this obligation, I will be obligated to reimburse Purdue University for all compensation (including cost of fringe benefits) paid to me for my benefit by Purdue University during the period of the sabbatical leave.

Section 3. SIGNATURES

Individual Requesting Leave: _____ Signature Date Head of Department: _____ Signature Date Dean or Administrative Officer: _____ Signature Date	FOR BUSINESS OFFICE USE: Sponsored Program Services: _____ Date Reviewer Date Human Resource Services: _____ Date Reviewer Date	APPROVED PRESIDENT'S OFFICE Purdue University _____ Not valid unless dated and signed by authorized University Officer
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Policies regarding absence from University duty are found at: http://www.purdue.edu/ooop/policies/pages/human_resources/human_res.html#leaves

Human Resources distributes completed copies to Business Office (provide employee copy) and HR Data Entry. Central Files retains original in employee's personnel file.