

# REQUEST FOR SABBATICAL OR UNPAID LEAVE OF ABSENCE

## FOR PROFESSIONAL IMPROVEMENT OR EDUCATIONAL PURPOSES



Form Data					
<b>Campus</b>	<b>Deadline: Once all required signatures have been obtained, completed form can be faxed to 561-3456 or emailed to payroll@maine.edu by the 15<sup>th</sup> of the month</b>				
<b>Department</b>					
Employee Information					
<b>Prefix</b>	<b>First Name (Legal)</b>	<b>Middle I</b>	<b>Last Name (Legal)</b>	<b>Suffix</b>	<b>MaineStreet ID</b>
<b>Job Title</b>				<b>Collective Bargaining / Union:</b> <input type="checkbox"/> UMPSA <input type="checkbox"/> Non-Rep Faculty <input type="checkbox"/> AFUM <input type="checkbox"/> Non-Rep <input type="checkbox"/> PATFA	
<b>Years of Service in Rank:</b>					
	<b>Professor</b>		<b>Associate Professor</b>		<b>Assistant Professor</b>
	<b>Non Faculty</b>	<b>Please specify:</b>			
Record of Previous Leaves:					
<b>Dates</b>	<b>Leave Purpose</b>	<b>Location</b>	<b>Pay (Full/Half/Unpaid)</b>		
Type and Dates of Leave Requested					
<b>Proposed Dates of Leave:</b> <b>From:</b> <b>To:</b>					
	<b>Sabbatical (half salary academic/calendar/fiscal year)*</b>		<b>Leave without salary (for educational purposes)*</b>		
	<b>Sabbatical (full salary for semester/half year)</b>		<b>Intergovernmental Personnel Act (IPA) leave</b>		
<small>*For an employee with a work year of less than 12 months, an unpaid leave, or ½ pay sabbatical for a calendar year, may affect the individual's monthly salary upon return from leave for the remainder of the work year in which the return from leave occurs.</small>					
<b>I request that this leave period</b> <input type="checkbox"/> <b>count</b> <input type="checkbox"/> <b>not count</b> <b>as part of the probationary period (if applicable).</b>					
<b>Description of Planned Leave Program:</b> Please attach a written statement describing in detail your proposed leave program, its contribution to your professional improvement, and addressing the following: <ul style="list-style-type: none"> <li>a) If you previously had a sabbatical leave, what specific changes occurred in your professional activities as a result?</li> <li>b) What will your proposed leave accomplish, specifically, for you?</li> <li>c) What is there about this proposal that would require a leave?</li> <li>d) What are the expected benefits to the University?</li> <li>e) If your leave is in cooperation with another institution or organization, include documentation of the preliminary arrangements with the host institution or organization.</li> </ul>					
Upon completion of the above leave, I agree to submit a written report of my activities and accomplishments to my department chair, director, and dean. If leave is granted with salary, I agree to return to the University of Maine for one year, or to refund any salary paid to me by the University during this period.					
Employee Signature			Date		
Proposal for Meeting Staff Member's Responsibilities During Leave:					
The department head should consult with the applicant and the administrator at the next academic/ administrative level in developing a plan for how the applicant's responsibilities, especially for how teaching, research, public service, student advising and other areas will be handled during the proposed leave period. This written plan should accompany the sabbatical/ leave request. <small>Attach Peer Committee Recommendation (required for sabbatical requests).</small>					
<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Not Approved</b>			<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Not Approved</b>		
Departmental Chairperson/School Director		Date	Dean		Date
<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Not Approved</b>			<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Not Approved</b>		
Vice President and Provost		Date	President		Date

Decisions about University Sabbatical funding are handled separately from individual faculty sabbatical requests.

## General Instructions

For additional information, visit <http://support.hr.maine.edu/human-resources-support/human-resources/hrms-topics>

### 1. Form Name: Request for Sabbatical or Educational Leave of Absence Without Pay

2. **Revisions:** 08/2017

3. **Purpose:** submit this form to request a sabbatical or educational leave of absence without pay; do not use this form for a personal leave or a medical-related leave of absence – if request is medical-related, visit [www.maine.edu/leave-policies](http://www.maine.edu/leave-policies) and contact the Employee Benefits Center.

4. **Required Fields:** Enter all information that needs to be added/updated in MaineStreet. Form fields preceded by | are required fields; missing required information will be considered incomplete and returned to preparer.

5. **Deadlines** for completed forms to be received by Human Resources. Items received after the deadline may or may not be completed in time for a current pay cycle.

a. **Monthly employees** - AS SOON AS POSSIBLE, but no later than the 15th of the month that the pay is expected to stop.

6. **Submission Methods:** Send completed forms (including with all required signatures) to HR/Payroll as follows:

a. **Fax to 561-3456:** This fax number transmits the form directly to ImageNow where payroll will link to the employee and move to appropriate data entry queue. This submission method is the most secure for protecting personal information.

b. **Email to payroll@maine.edu:** Completed form is sent via email attachment. Per Administrative Practice Letter – Employee Protection of Data, Social Security Numbers are not advised to be shared via email. If fax is not available and form with SSN is sent via email, Payroll will print the form to ImageNow and then the email will be deleted to safeguard the employee's information.

c. **Campus Mail:** Send via campus/USPS mail to UMS Payroll, 65 Texas Avenue, Bangor ME 04401. When received, the form will be faxed to ImageNow for processing.

## Form Data

7. **Campus:** Select from dropdown the campus initiating the action.

8. **Department:** up to 6-character HR department ID with the first letter representing the campus (A=UMA, F=UMF, K=UMFK, M=UMM, O=UM, P=USM, I=UMPI, S=Univ Svcs).

## Employee Information

9. **Prefix, First Name, Middle I, Last Name and Suffix:** Enter employee's legal name

a. **Additional Names:** notify HR of a different preferred name (legal name will display in HR pages and preferred name will be shared with other UMS applications such as Blackboard, etc.)

10. **MaineStreet ID:** Enter employee's 7-digit MaineStreet ID

11. **Job Title:** enter appropriate job title

12. **Collective Bargaining/Union:** check the appropriate union affiliation

13. **Years of Service in Rank:** enter number of years of service in rank

14. **Status:** select appropriate status

15. **Record of Previous Leaves:** enter the dates, purpose, location and pay status of leaves previously taken

## Type and Dates of Leave Requested

16. **From:** Enter the start date of the requested leave of absence

17. **To:** Enter the end of the requested Leave of Absence; employee is expected to return to work on next scheduled work day.

18. **Reason:** select the appropriate reason for the leave

19. <b>Count as probationary:</b> select the appropriate box to count or not count as probationary period
<p><a href="#">Authorized Signatures</a></p> <p>Signatures required will vary by type of action and campus/departmental needs.</p>
20. <b>Employee Signature &amp; Date:</b> signature and date is required and certifies information is accurate
21. <b>Department Chairperson/School Director:</b> signature, date and typed/printed name if appropriate
22. <b>Vice President/Provost:</b> signature, date and typed/printed name if appropriate