HRS FORM 33F (05/07) Select One: New ○ Revised ○

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. PERNR:** _____

B. Org Unit: _____ **E. CUL (FTE):** _____

C. Cost Center: _____ **F. Hire Date:** _____

(Do not include grad student employment)

G. Type of Leave:

☐ Research/Travel

☐ Outside Activity Leave

☐ Change in Duty Station - States

☐ Change in Duty Station - Foreign

☐ Sabbatical - Date of last sabbatical: _____

☐ Other (Provide explanation in Section 2)

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 (CUL [FTE]) _____ ☐ Without Pay

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

J. Source of Salary Funding While on Leave:

Cost Center/Fund	Percent	Cost Center/Fund	Percent
Cost Center/Fund	Percent	Cost Center/Fund	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	FOR BUSINESS OFFICE USE: Sponsored Program Services: Reviewer	Date
Head of Department:	Signature	Date		
Dean or Administrative Officer:	Signature	Date	Human Resource Services: Reviewer	Date

APPROVED
PRESIDENT'S OFFICE
Purdue University

Not valid unless dated and signed by authorized University Officer

Policies regarding absence from University duty are found at www.purdue.edu/oop/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.