

**REQUEST AND LEAVE ACTION FOR SABBATICAL, RESEARCH/INSTRUCTIONAL/ENGAGEMENT TRAVEL,  
OUTSIDE ACTIVITY LEAVE OR CHANGE IN DUTY STATION**

**Section 1. COMPLETED BY FACULTY OR STAFF MEMBER**

**A. Name:** \_\_\_\_\_ **C. Hire Date:** \_\_\_\_\_  
**B. Position Title:** \_\_\_\_\_ (If Faculty member, do not include grad student employment)

**D. Type of Leave (see Instructions for definitions):**  
 Research/Instructional/Engagement Travel  Change in Duty Station - Select one:  States  Foreign  
 CUL if more than one leave type \_\_\_\_\_ CUL if more than one leave type \_\_\_\_\_  
 Outside Activity Leave (greater than 5 consecutive work days)  Sabbatical - Date of Last Sabbatical if applicable \_\_\_\_\_  
 Reportable Outside Activity Form submitted on: \_\_\_\_\_ CUL if more than one leave type \_\_\_\_\_  
 MM/DD/YY

**Grad Research/Instructional/Engagement Travel or Change of Duty Station:** See note at the bottom of Section 1 for required information.

**E. Leave Compensation:**  With Pay  With Partial Pay (CUL) \_\_\_\_\_  Without Pay

**F. Days Absent:** Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 MM/DD/YY MM/DD/YY

**G. DESCRIPTION OF THIS LEAVE ( Please attach a description of your proposed leave)**

**H. LOCATION WHILE ON LEAVE:**  
 If you are traveling outside of the 50 United States, please fax a completed and approved copy of this form to the Purdue Risk Management Department at 765-496-1338. This will facilitate your required registration (for qualifying travel) for international travel medical/evacuation insurance coverage. There is no direct cost to faculty or staff.

**I. SOURCE OF FUNDS FOR UNIVERSITY FUNDED TRAVEL PLANS:**

*Complete J - K for all leave types excluding Sabbatical. Complete L - M for Sabbatical*

**J. PLAN FOR OVERSEEING ON CAMPUS DUTIES (i.e. Teaching, Supervising Grads, etc):**

**K. IF GENERAL FUND SUPPORTED, EXPLAIN BENEFIT (i.e. Start-up, Research Incentive, etc. If not faculty discretionary allocation, explain benefit to department):**

*Complete L - M for Sabbatical Only*

**L. BENEFIT TO THE UNIVERSITY (Attach additional pages if necessary):**

**M. ACKNOWLEDGMENT OF SABBATICAL POLICY:**  
 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 No. 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. I also acknowledge my total compensation during sabbatical leave will not exceed my full time salary rate for the period of leave.

**For Graduate Research/Instructional/Engagement Travel or Change in Duty Station:** In G & H, indicate the monthly salary or stipend rate, address at duty station, name and title of person at the duty station that will be supervising the research, number of graduate level courses and/or research credits to be taken.

**Section 2. COMPLETED BY BUSINESS OFFICE**

**N. Org Unit Name:** \_\_\_\_\_ **P. PERNR:** \_\_\_\_\_ **R. Current CUL:** \_\_\_\_\_  
**O. Org Unit No.:** \_\_\_\_\_ **Q. Pay Area:**  AY  FY  BW

**S. Source of Funding While on Paid or Unpaid Leave:**

If Paid leave provide account number(s) to assure appropriate signature authorization is obtained.  
 If Unpaid leave provide account number(s) to assure fringe benefits will be charged properly.

Cost Center	RIO / SIO	Percent	Fund
<b>Total Distribution Must Equal 100%</b>			

**T. Complete only if changing CUL:**  
 Salary/Period Rate \_\_\_\_\_ Hourly Rate \_\_\_\_\_ Capacity Util Level (CUL) \_\_\_\_\_  
 Annual Rate \_\_\_\_\_ Full Time Annual Rate \_\_\_\_\_ Admin Supl/Period Rate \_\_\_\_\_

**U. Business Office Contact name and phone number** \_\_\_\_\_

**Section 3. SIGNATURES**

Staff Member	Date	Sponsored Program Services	Date	<b>APPROVED PRESIDENT'S OFFICE Purdue University</b>
Head of Department, Director	Date	Human Resources	Date	
Dean or Administrative Officer	Date	Graduate School	Date	
Not valid unless dated and signed by authorized University Officer				

**REQUEST AND LEAVE ACTION FOR SABBATICAL, RESEARCH/INSTRUCTIONAL/ENGAGEMENT TRAVEL,  
OUTSIDE ACTIVITY LEAVE OR CHANGE IN DUTY STATION**

**Use the RLA Form for the following leave actions:**

<b>Research/Instructional/Engagement Travel:</b> Travel greater than 22 working days that is necessary to further research, instructional or engagement activities. Examples include: travel to an accelerator/lab that provides capabilities that are not available at Purdue, travel to a location where research results can be shared and tested, Fulbright Scholarships, Study Abroad trips, etc.
<b>Outside Activity Leave:</b> Tenure/Tenure Track and Clinical/Professional Faculty leave greater than 5 consecutive working days related to an outside activity as reported and approved on a Form 32A. Other staff classifications are not eligible for outside activity leave.
<b>Sabbatical:</b> Tenure/Tenure Track Faculty leave primarily used to continue professional growth and new or renewed intellectual achievement through study, research, and writing. For details refer to Executive Memo B-11: <a href="http://www.purdue.edu/POLICIES/pages/human_resources/b_11.html">http://www.purdue.edu/POLICIES/pages/human_resources/b_11.html</a>
<b>Change in Duty Station (States/Foreign):</b> Leave greater than 22 working days that takes the employee away from their primary work location (West Lafayette, Regional Campuses, County Extension Office, etc) during which time normal work duties will be completed. The change in location is not required to complete the work.

**How to complete the RLA Form:**

**SECTION 1 - To be completed by the Faculty or Staff Member requesting leave - Form must be typed.**

<b>A. Name:</b> Use the employee's legal name.
<b>B. Position Title:</b> Use the employee's current position title as stated in OnePurdue. Please see your business office for assistance, if needed (Business Offices - use PPOSE).
<b>C. Hire Date:</b> Date the employee was hired at the University. If faculty appointment, do not include grad student employment. Please see your Business Office for assistance, if needed. Business Office - Faculty hire date can be found in PA20 Infotype 9100. For details refer to : <a href="http://www.purdue.edu/onepurdue/FIHR/documents/quick_reference_guide_for_hr_infotypes.pdf">http://www.purdue.edu/onepurdue/FIHR/documents/quick_reference_guide_for_hr_infotypes.pdf</a>
<b>D. Type of Leave:</b> See descriptions above and select the appropriate leave type. Research/Instructional/Engagement Travel, Change in Duty Station, Sabbatical - indicate CUL if more than one leave type is used. Sabbatical - indicate the date of the last sabbatical taken to help identify eligibility requirements. Indicate N/A if this is first sabbatical. Change in Duty Station - select States or Foreign so leave can be identified correctly in OnePurdue.
<b>E. Leave Compensation:</b> Indicate if leave will be with pay, with partial pay, or without pay. Partial pay - indicate the CUL.
<b>F. Days Absent:</b> Enter the effective dates of the leave.
<b>G. Description of this leave:</b> Clearly define the purpose of the leave. Be as detailed as possible. Attach additional pages if necessary.
<b>H. Location while on leave:</b> Indicate the employee's location while on leave.
<b>I. Source of funds for University Funded Travel Plans:</b> If travel is being paid by the University, indicate source of funds.

**Complete J - K for all leaves types excluding Sabbatical. Complete L - M for Sabbatical**

<b>J. Plan for overseeing on campus duties:</b> Outline the plan for covering classes, supervising students and completing other duties while on leave.
<b>K. If general fund supported, explain benefit:</b> Complete this section only if general funds are being used to pay any portion of the employee's effort while on leave. Indicate if the general fund source is start-up, research incentive, distinguished faculty allocation, or other type of faculty discretionary allocation. If the general fund source is not a faculty discretionary allocation, explain how the leave benefits the department and why it is being supported by the general fund.

**Complete L - M for Sabbatical Only**

<b>L. Benefit to the University:</b> Provide a detailed explanation of how the sabbatical leave benefits the University. Attach additional pages if necessary.
<b>M. Acknowledgement of Sabbatical Policy:</b> Faculty member should read and understand the conditions and obligations of sabbatical leaves.
<b>** Graduate Student Research/Instructional/Engagement Travel or Change in Duty Station:</b> Indicate the monthly salary or stipend rate, address at the duty station, name and title of person at the duty station that will be supervising the research, number of graduate level courses and/or research credits to be taken in G and H.

**SECTION 2 - To be completed by the Business Office**

<b>N. Org Unit Name:</b> Indicate the organization unit name.
<b>O. Org Unit No:</b> Indicate the organization unit number.
<b>P. PERNR:</b> Also know as the Personnel #. Can be found in PA20.
<b>Q. Pay Area:</b> Indicate if the employee is academic year, fiscal year, or bi-weekly.
<b>R. Current CUL:</b> Indicate current CUL for the employee. If changing CUL while on leave, see T. below.
<b>S. Source of Funds:</b> List the Cost Center, Fund, RIO/SIO and percent effort for all accounts the employee is being paid from during the leave.
<b>T. Change in CUL:</b> <b>Salary/Period Rate:</b> New annual rate (based on changed CUL) over the term of the appointment. Used for exempt employees. <b>Hourly Rate:</b> New hourly rate (based on changed CUL). Used for non-exempt employees. <b>CUL:</b> Indicate new CUL rate for the leave being requested. <b>Annual Rate:</b> New annual rate at new CUL percentage being requested. <b>Full Time Annual Rate:</b> Annual rate at current CUL. <b>Admin Supl/Period Rate:</b> If applicable, indicate administrative supplement over the term of the appointment to be paid during leave.
<b>U. Business Office Contact name and phone number</b>

**SECTION 3 - Signatures**

Obtain signatures of the Staff Member, Head of the Department or Director, and Dean or Administrative Officer. Route to Staff Benefits for approval. If paid from a Sponsored Program account, Staff Benefits will forward to Sponsored Program Services for approval. If leave is a Grad Research Leave or Grad Change in Duty Station, Staff Benefits will forward to the Grad School for approval. Once all signatures have been obtained, Staff Benefits will obtain President or designee approval.
--

### LEAVE DECISION GUIDE

Type of Leave	Duration	Compensation	Form	Final Approval
<b>Research/Instructional/Engagement Travel</b>	22 working days or less	Paid/Unpaid	Form 17	Dean or designee
<b>Research/Instructional/Engagement Travel</b>	Greater than 22 working days	Paid/Unpaid	RLA Form 17	President's Designee Dean or designee
<b>Change In Duty Station</b>	22 working days or less	Paid	Documentation as required by the College/Dept/Area	Dean or designee
<b>Change In Duty Station</b>	Greater than 22 working days	Paid	RLA	President's Designee
<b>Change In Duty Station</b>	Regardless of # of days	Unpaid	Considered Personal Leave - See Below	N/A
<b>Outside Activity Leave</b>	At least 4 hrs but less than 5 consecutive working days	Paid/Unpaid	Form 33Absence	Department Head
<b>Outside Activity Leave</b>	Greater than 5 consecutive working days	Paid/Unpaid	RLA	President's Designee
<b>Sabbatical</b>	per policy	Paid/Partial Pay	RLA	President's Designee
<b>Personal Leave</b>	22 working days or less	Unpaid	Form 33Absence	Department Head
<b>Personal Leave</b>	Greater than 22 working days	Unpaid	Form 33Absence	President's Designee