

## **University of Connecticut**

## Submitting a Leave Request: Sabbatical

Overview

UConn faculty members will use this job aid to assist them in requesting a sabbatical leave.

## **Process Steps**

Step	Action			Screensh	ot	
1	Navigation: Employee Self Service > Leave Management > Submit, Search, Modify Leave					
	On the <b>Submit, Search, Modify Leave</b> page, the active employment records associated with your name will populate.		Submit New Leave Requests			
2	To <b>Submit a New Leave Request</b> , choose the appropriate Empl Record/Job Code Description that you are taking leave from by clicking on the Job Code Description link associated with that record.		Empl Record	Job Code Description	Hourly Rate	Department Description

Step	Action	Screenshot				
	Your job information will populate on the top of the <b>Leave &amp; Time Request</b> tab.	Leave & Time Request Sabbatical Leave Form Leave & Time Action				
3	Next to Filter by Type, select Leaves of Absence (Extended/Voluntary/VSRP, Sabbatical, etc.) from the pull down menu. Next to Absence Name, select Sabbatical from the pull down menu	Employee ID: Job Title: Assoc Professor Department: English Leave of Absence and Time Pre-Approval Leave Request ID: 08424 Notification Date: 11/27/2024 Please attach below activities to be undertaken during the Sabbatical				
	You can describe the activities to be undertaken while on sabbatical in the <b>Comments</b> box, or you can attach a description using the <b>Attachment</b> feature at the bottom of the page.	*Filter by Type: Leaves of Absence (Extended/Voluntary/VSRP, Sabbatical, etc) ~ *Absence Name: Sabbatical ~ Fill-Out Form Refresh Leave Data				
	If adding an attachment, click <b>Attach</b> to search for and attach documents. Click <b>Save Attachment</b> to save your document(s) to the request form. Click on <b>Fill-Out Form</b> or the <b>Sabbatical Leave</b> <b>Form</b> tab.	Attachment       IFF Q     IC < 1-1 of 1				
4	The <b>Sabbatical Leave Request Form</b> will be auto- populated based on information in CORE-CT, including the date of your last sabbatical and your next sabbatical eligibility. If any of this information needs to be changed, you must contact a Human Resources Leave Administrator. Under item 5, select the period of sabbatical you are requesting, between: • Semester at Full Pay • Academic Year at Half Pay • Calendar Year at Half Pay Under item 7, click on the acknowledgement box, which will auto-populate the current date.	Leave & Time Request       Sabbatical Leave Form       Leave & Time Action         University of Connecticut Office of the Provest         Sabbatical Leave Request Form         1. NAME OF FACULTY MEMBER:       Jane Smith       EMPLOYEE #: 012345         2. RANK:       Assoc Professor       .         3. DEPARTMENT:       English       SCHOOL:       Liberal Arts and Sciences         4. DATE OF LAST SABBATICAL:       Semester:       Academic Year:       Calendar Year:         5. PERIOD OF SABBATICAL REQUESTED:       Eligible Since:       Fall2024       Calendar Year:       Calendar Year:         Eligible Since:       Fall2024       Semester at Full Pay (SpringXXXX or FallXXXX)       Calendar Year at Half Pay (XXXX-XXXX)       Calendar Year at Half Pay (XXXX-XXXX)         Calendar Year at Half Pay (XXXX-XXXX)       Calendar Year at Half Pay (XXXX-XXXX)       Calendar Year at Half Pay (XXXX-XXXX)         Calendar Year at Half Pay (XXXX)       Fall2024       Semester at Full Pay (SpringXXXX or FallXXXX)         Calendar Year at Half Pay (XXXX-XXXX)       Calendar Year at Half Pay (XXXX-XXXX)       Calendar Year at Half Pay (XXXX-XXXX)         Calendar Year at Half Pay are add this form which accompanies my leave request and can attest that the information contained herein is accurate to the bast of my knowledge.         Intersity of Connecticut for a period of one year following the explication of the				

Step	Action	Screenshot
5	Items 8 through 11 include the names of the approvers to whom your request will automatically be routed after each level of approval. Click on Next under your signature line or Proceed to Submit Page at the bottom of the form	
		S. REGIONAL CAMPUS DIRECTOR APPROVAL (AS APPROPRIATE)  S are needed to replace the teaching responsibilities of the faculty member.  I hereby confirm that I have reviewed this leave request and am electronically submitting my approval or denial.  I RECOMMEND APPROVAL OF THIS REQUEST.  I DO NOT RECOMMEND APPROVAL OF THIS REQUEST.  SIGNATURE DATE SIGNED Next
		10. DEAN'S APPROVAL         Resources Committed to Sabbatical Leave:       \$         I hereby confirm that I have reviewed this leave request and am electronically submitting my approval or denial.         I hereby confirm that I have reviewed this leave request and am electronically submitting my approval or denial.         I hECOMMEND APPROVAL OF THIS REQUEST.         I DO NOT RECOMMEND APPROVAL OF THIS REQUEST.         SIGNATURE         DATE SIGNED
		Proceed to Submit Page

Step	Action	Screenshot			
	You will be brought to the <b>Leave &amp; Time Action</b> tab.	Leave & Time Request         Sabbatical Leave Form         Leave & Time Action           Employee ID:         Leave Request ID:         08424           Employeerd:         0         0			
6	Click <b>Submit Request</b> . Once you have submitted your request, you will be able to see the routing of your request at the bottom of the page. To check on the status of your request, you can return to this page at any time. You will receive a system notification when the Provost's office has approved your sabbatical request or submission to the Board of Trustees.	Absence Name: Sabbatical Approval Status: Needs Approval  Actions  Refresh Leave Data  Submit Request			
		Approver's Comments       Q       I       K       I of 1       >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>			