

**Office of the Vice Provost for Research
Indiana University – Bloomington**

Research Leave Supplement Application

Primary Deadline: March 1

Late Deadline: October 1

Name:	Employee ID:	(Social security number not acceptable)	Rank:
Department:	Department Chair:		Dept. Phone:
Fiscal Officer:	Salary Account #:		Email:

When was your last sabbatical leave?*	Dates:	Appointment Status:	<input type="checkbox"/> 10 month	<input type="checkbox"/> 12 month
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***Note: Prior to applying to an agency for a fellowship, applicant must contact their Chair/Dean for approval of a research leave and its timing with previous or subsequent leaves.**

Sabbatical leave requested (Select the appropriate option that applies):							
Academic year	<input type="checkbox"/>	Calendar year	<input type="checkbox"/>	(e.g. Jan.-Dec.)	<input type="checkbox"/>	Spring semester	<input type="checkbox"/>
(e.g. AY2015-16)		(e.g. Jan.-Dec.)		(e.g. 2015)		(e.g. 2016)	

Fellowship Information:

Name of Fellowship Received			
Agency Contact Information	Phone:	Email:	
Period of Fellowship	Start Date:	End Date:	
Where will the research be conducted?			

Describe the fellowship (if it is not on the representative list), including the application and selection procedures, the number of awardees compared to the number of applicants, and any other information that indicates the prestige of the fellowship. If you need more space, please attach additional pages. A copy of the fellowship award letter and budget to be attached to the application.

Financial Budget:

Include documentation of all expected compensation from the University or external sources. (If you are notified of other compensation later, you are obliged to report it.)

Expected compensation during leave:	\$
Fellowship Stipend:	\$
Per Diem or Cost of Living:	\$
All Additional Income (contracts/grants, teaching, etc.):	\$
Subtotal Compensation:	\$
Deduct any amount contained above explicitly budgeted for travel (provide details):	\$
Deduct any amount contained above explicitly budgeted for research (provide details):	\$
Subtotal Deductions:	\$
TOTAL LEAVE COMPENSATION:	\$

Instructions: Obtain a supporting letter from your Dept. Chair/Director (if applicant is serving as Dept. Chair/Director, request a letter from your Dean). Send completed RSL Application, supporting letter, copy of your fellowship award letter and budget, and any other required documentation (<http://ovpr.indiana.edu/funding/ovpr-funding-programs/research-leave/>) to your School Dean's Office **a week prior to the due date**. Once the Dean's Office has signed and approved the application, the Dean's Office will forward the application to ovprls@iu.edu.

I understand that I must return to Indiana University for at least one academic year following the research leave or refund Indiana University the full amount of the Research Leave Supplement.

Signature of Applicant	Date
Signature of Dean	Date