

FACULTY RESEARCH LEAVE (SABBATICAL) PROGRAM ARGONNE NATIONAL LABORATORY, DIVISION OF EDUCATIONAL PROGRAMS 9700 SOUTH CASS AVENUE/DEP 223 ARGONNE, IL 60439-4845. TEL: (630) 252-5448

Instructions: Please type or print (in black ink) this application, attach resume or curriculum vitae and return it to the above address. Please have your Dean, Chair, or Provost complete the Sabbatical Approval Form. Both should be returned to Argonne at the above address. This program is available only to U.S. Citizens and Legal Permanent Residents (Green Card Holders).

Name:						
Last		First	Middle			
Institution:						
Name)	City	State	Zip		
Academic Rank:						
Current Address:		Apt. #:				
City:	State:	Zip:				
Current Telephone:		E-Mail Address (if available):				
Home Address:		Apt. #:	Home Telephone	:		
City:	State:		Zip:			
Person to be Notified: in an E	mergency:	Address				
Day Phone:		Evening Phone:				

Using the Research Participation Catalog (www.dep.anl.gov/catalog/catalog.htm) list the proposed research division, the research number of the research projects that are of most interest to you and the underscored title.

PREFERENCE	DIVISION	NUMBER	TITLE	
1				
2				

CERTIFICATION

I certify that the above statements, and those on any attachments to this form, are true and complete. I understand that any falsification or omission of material facts is sufficient cause for immediate withdrawal of an employment offer or discharge. I understand that in the course of evaluating this information, Argonne National Laboratory will make such inquiries into my past employment and activities as are considered necessary.

IMPORTANT - I authorize investigation of all matters contained in this form and also authorize any of my references and employers to furnish information requested by Argonne National Laboratory and I hereby release all such persons and organizations from any claims for damages by reason of furnishing such information or records.

SABBATICAL APPROVAL FORM FACULTY RESEARCH LEAVE (SABBATICAL) PROGRAM

Pleas	e inform us of the following:			
	Has this sabbatical been approved?		Yes	□No
	Comments:			
	 If yes, what are the prospective dates o 	f this sabbatical	l leave?_	
	Academic year dates at your institution:			
	Current academic year salary:			
	Fringe benefits:			
	• Amount (or %) of salary paid by the inst	titution during sa	abbatica	l:
	Amount (or %) of fringe benefits paid by	y the institution of	during sa	abbatical:
	Additional Comments:			

Signature

(Please Print) First Name Last Name MI

Title

Institution

Address

