

PRESTIGIOUS AWARD LEAVE (PAL) SUPPLEMENT PROGRAM APPLICATION

This application form and a copy of the fellowship award letter and budget must be submitted to vpfaa@iu.edu to apply for this program, along with the required letter of support from the department chair/director/dean.

Name:

Employee ID (social security number not acceptable):

Rank:

Email address:

School:

Department:

Department Chair:

Department Fiscal Officer's IU username:

Department Phone:

Salary Account Number:

When was your last sabbatical leave?

Sabbatical start date:

Sabbatical end date:

(Note: Prior to applying to an agency for a fellowship, the applicant must contact their Chair/Dean for approval of research leave and its timing with previous or subsequent leaves.)

Sabbatical leave requested (Select the appropriate option that applies.):

- ☐ Academic Year (e.g. AY2020-21)
- ☐ Calendar Year (e.g. Jan.-Dec)
- ☐ Fall Semester
- ☐ Spring Semester

Fellowship Information

Name of fellowship received:

Agency contact phone:

Agency contact email:

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Fellowship start date:

Fellowship 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 must be included with this 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: Applicants must complete an online application and upload a completed PAL Supplement Application Form, a letter of support from their department chair/director or respective dean, a copy of the fellowship award letter and budget, and any other required documentation to the electronic application.

☐ 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 PAL Supplement.

This application will be forwarded to the respective school dean's office for final review and approval.