Brown University
Division of Biology and Medicine

Date: Enter Sabbatical Leave %

To: Biomed Research Administration

Subject (Enter the fiscal year and semester):

You will be on a sabbatical leave for the period ***(enter date range)*** and currently serve as a principal investigator or key personnel with committed effort on the following project(s) that fall within the sabbatical period (use page 2 if additional lines are needed):

Sponsor Award No	Agency	PI/Key-Per	Huron Award No.	Project Start/End Date	AY Effort %

OMB's Uniform Guidance Title 2 CFR Chapter II, Part 200.308 and applicable agency regulations require prior approval from the federal sponsor if the PI will be "disengaged" from any project for more than 3 months, or if there is a 25% reduction in time committed to the project from the approved budget. Additionally, a substitute principal investigator must be named if you will be disengaged from the work of this project for three (3) months or more.

Please check the appropriate boxes below and return this form to BMRA 45 days prior to the sabbatical leave.

☐ 1. I will **NOT** be away from the work of the above project(s) for 3 months or more and anticipate devoting effort committed on currently active awards.

☐ 2. I will be away from Brown University, and

(a) I will continue to meet my effort obligations on sponsored projects. **(attach pdf of plan)**

(b) I will not continue to meet my effort obligations on sponsored projects. **(request agency Prior Approval)**

If 2(a) above selected describe how PI will be actively engaged in a project, even if offsite:

If 2(b) above selected:

☐ I anticipate a significant (25% or more) change in my level of effort, however I propose to continue as PI Attached are letter(s) to the funding agency(ies) detailing this change and Fastlane Notification has been processed.

☐ I will be disengaged from the above project(s) for three or more months. Letter(s) to agencies attached, including the substitute P.I. CV.

Principal Investigator Name/Signature _____

Printed Name Signature Date

Chair Name/Signature _____

Printed Name Signature Date

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