



SABBATICAL LEAVE / DIFFERENCE-IN-PAY LEAVE APPLICATION FORM

Deadline to submit to department chair/school director: Friday, September 14, 2018

ELIGIBILITY: "Serve full-time for six (6) years at the campus in the preceding seven (7) year period prior to the leave and at least six (6) years after any prior sabbatical leave or difference in pay leave." (CBA 27.2) "A faculty unit employee will be eligible for a subsequent difference-in-pay after s/he has served full-time for three (3) years after the last sabbatical or difference-in-pay leave and has satisfied the obligation in 28.16." (CBA 28.4) A year of service for academic year faculty is defined as two (2) consecutive semesters within an academic year. (CBA 13.6) Eligibility is calculated on the academic year, not calendar year.

Table with 2 columns: Factor, Description. Rows include Professional Leave Without Pay, Personal Leave Without Pay, Paid Parental Leave, and Extending Probationary Period/Stopping the Clock.

PART 1. APPLICANT INFORMATION - to be completed by applicant

Type of Leave Requested: Sabbatical A - One (1) semester at full salary, Sabbatical B - Two (2) semesters at one-half of full salary*, Difference-in-Pay (see Article 28.3 regarding salary)*. Semester(s)/Academic Year(s) Requested: _____

Applicant Name: Last Name First Name Middle Initial

Rank or Title: _____

College: _____ Department: _____

Are you considering or being considered for a fellowship, grant, teaching position, or other position that is in any way associated with this leave request? Yes No

If yes, please explain:

Additional Requests (initial all that apply):

I request permission to continue work on externally funded projects. (initial here)

I request permission to continue to supervise students during my leave. (initial here)

*A leave of two (2) semesters may be implemented within a two-consecutive-term period (ex. Spring/Fall), subject to the recommendation of the department or school, the dean, and the approval of the Provost.

Please submit ALL of the following:

Title of proposed activity/project

Description of proposed activity/project (max. 1000 words)

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Purpose and goals 2. Significance 3. Project plan and timeline, including travel, if any 4. List of CSU resources, if any, necessary to carry out the activity/project | <ol style="list-style-type: none"> 5. Summary of work already completed on the activity/project 6. Brief description of anticipated results 7. Benefits to the University and its students |
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Brief curriculum vitae

Completed **Sabbatical or Difference-in-Pay Human Subjects Form** located on the Faculty Advancement [website](#).

Please select and submit one (1) of the following:

“I will furnish the President a promissory note, pursuant to the Collective Bargaining Agreement (CBA), Article 27.9, to indemnify the State of California against loss in the event I do not return to render one term of service in the California State University for each term of leave.”

*Please complete the **Promissory Note** located on the Faculty Advancement [website](#). The Promissory Note does not need to be notarized.

OR

“I will furnish the President a bond, pursuant to the Collective Bargaining Agreement (CBA), Articles 27.9 and 28.11, to indemnify the State of California against loss in the event I do not return to render one term of service in the California State University for each term of leave.”

OR

“I request that the President waive said bond. I agree to return to the service of the California State University and render at least one term of service for each term of leave following my return from the leave of absence granted me (CBA Articles 27.9 and 28.11). In support of this request, I submit the following list of assets (the value of which is in excess of that salary to be paid to me during leave) as evidence of my capacity to indemnify the State of California against loss in the event of failure, through fault of my own, to fulfill this agreement.”

*Please complete the **Description of Attachable Assets Form** located on Faculty Advancement [website](#). The form **must be notarized**. (PERS retirement funds may not be used. If the home is used, please include approximate amount of equity and address of home.)

Certification: *I recognize that this leave, if granted, will be pursuant to Articles 27 and 28 of the Collective Bargaining Agreement between California Faculty Association and California State University and University Policy File. I agree to abide by the terms of the Collective Bargaining Agreement (CBA) and University Policy File as stipulated, and the policies and procedures referred to therein should this application be approved.*

Applicant’s Signature

Date

PART 2. College and Department Recommendation – to be completed by college and department

Recommended?

Yes No

Rank*

	Chair, Dept./School Committee (print)	Signature	Date
	Chair/Director, Dept./School (print)**	Signature	Date
	Chair, College Committee (print)	Signature	Date
	Dean of the College (print)	Signature	Date

*Applications for two (2) semesters at one-half of full salary or Difference-in-Pay are not included in rankings.

**Optional – A recommendation from the Chair/Director, Dept./School is not required.