



SAN DIEGO STATE  
UNIVERSITY

**SABBATICAL/DIFFERENCE-IN-PAY-LEAVE REPORT**

Faculty unit employees awarded a sabbatical/difference-in-pay leave are to provide verification that the conditions of the leave were met by filing this report no later than **October 15** the academic year following the leave. Having completed a sabbatical/difference-in-pay leave, the faculty employee shall submit this report to the Department Chair/School Director, who will forward the report to the Dean's Office. Final reports will be placed in the faculty employee's official personnel action file. (CBA 27.19; 28.15; University Senate Policy File)

**Section A: FACULTY AND LEAVE INFORMATION**

Name: \_\_\_\_\_  
Last Name First Name M.I.

Red ID: \_\_\_\_\_ Rank or Title: \_\_\_\_\_

College: \_\_\_\_\_ Department/School: \_\_\_\_\_

Leave Type:           Sabbatical           Difference-in-Pay

Leave Term:           Fall \_\_\_\_\_           Spring \_\_\_\_\_           Academic Year \_\_\_\_\_ - \_\_\_\_\_

**Section B: SABBATICAL/DIFFERENCE-IN-PAY LEAVE REPORT**

Complete all of the following sections. Additional pages may be attached, but are not required.

Brief description of the project/activity:

Brief summary of work/objectives completed:

Brief description of results:

Brief statement of the benefit to the university and students:

\_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Date**

**Section C: APPROVAL SIGNATURES**

\_\_\_\_\_  
**Department Chair/School Director (print)** **Signature** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Dean of College (print)** **Signature** \_\_\_\_\_  
**Date**

*Dean's Office to submit completed form (with signatures) to the Associate Vice President for Faculty Advancement via email (facultyadvancement@sdsu.edu) or campus mail (MC-8010).*