



**Office of Faculty Affairs**  
 http://csulb.edu/aa/personnel 562-985-4128

DIFFERENCE-IN-PAY LEAVE  
 Promissory Note  
 (Notary Required)

Return completed form to: Associate Vice President for Faculty Affairs, Office of Faculty Affairs, BH-303, Division of Academic Affairs, 1250 Bellflower Boulevard, Long Beach CA, 90840-0118

**TO BE COMPLETED AND SIGNED BEFORE A NOTARY PUBLIC:**

Print Name \_\_\_\_\_ Campus ID# \_\_\_\_\_

College \_\_\_\_\_ Department \_\_\_\_\_

Permanent Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Difference-in-Pay Leave (Select Only One Option)

Academic Year 2019-2020

Fall 2019

Spring 2020

I agree to accept the terms of difference-in-pay leave contained in Article 28 of the Faculty Unit Memorandum of Understanding as well as all difference-in-pay leave policies and procedures established by the University. I further agree to carry out my proposal to the best of my ability.

I also agree to return to the service of **California State University, Long Beach** and render service therein at the rate of at least one term of full-time service for each term of difference-in-pay leave granted me. If I fail to return such service, and the University determines that it is through fault of my own, I agree to pay the State of California the amount of salary paid me during the leave period.

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

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

**A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.**

State of California County of \_\_\_\_\_

Before me (Name & Title of Officer) \_\_\_\_\_ personally appeared (Name of signer)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify UNDER PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.  
 WITNESS my hand and official seal.

\_\_\_\_\_  
*Signature of Notary Public*

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