



Name _____

Department _____

Years of Service _____

- Employment Status:
- Tenured** Counselor/Instructional Faculty/Librarian
 - Probationary** Counselor/Instructional Faculty/Librarian
 - Lecturer** Full-Time*

Period of leave requested:

- _____ Fall 2019 Semester (full semester salary)
- _____ Spring 2020 Semester (full semester salary)
- _____ 2019-2020 Academic Year
(one-half (1/2) of full academic year salary)

Project Title:

1. Attach a statement indicating the detailed plan of study, research, travel or service you propose to perform during the leave period, as well as a justification of the proposed program.
2. Attach a current professional resume.
3. Have you been granted a Sabbatical/Difference-in-Pay Leave before? Academic Year _____

If yes, attach most recent sabbatical/difference-in-pay leave report.

*Prior to the award of a Sabbatical or Difference-in-Pay Leave to a lecturer, there must be a commitment by the College that he/she will be offered subsequent appointment to the University in order to fulfill the leave return service obligation.

In accepting a Sabbatical/Difference-in-Pay Leave, I agree to the following:

1. I agree to return to full-time assignment at CSULB upon return from leave at the rate of one (1) term of full-time assignment for each term of leave.
2. I agree to file a suitable bond or an accepted statement of assets (**not including PERS holdings**) and/or a promissory note that is individually or collectively at least equal to the amount of salary paid during the leave.
3. Except as may be expressly authorized in writing by the President or designee, I agree: a) not to accept additional and/or outside employment during the leave period; b) not to engage in teaching; and c) not to engage in department, college, or university service.
4. I agree to submit to the Department Chair, the College Dean, and Faculty Affairs a detailed report of my Sabbatical Leave within ninety (90) days after my return to full-time assignment at CSULB.

Date

Signature of Applicant

The granting of the Sabbatical Leave to this applicant for the period(s) noted on this application (will) (will not) disrupt the continued and regular course offerings or affect the quality level of education offered to the students enrolled in this department/program, provided that the number of full-time faculty or librarian employees on leave from this department without replacement does not exceed _____ at any time.

Date

Signature of Department Chair

Recommendations of the College/Library/Division Professional Leave Committee:

Sabbatical Leave: Grant Deny

If recommendation is to deny, please provide statement of reasons (use additional page if necessary):

Date

Signature of College/Library/Division Professional Leave Committee Chair

Recommendation by the College Dean:

Sabbatical Leave: Grant Deny

If recommendation is to deny, please provide statement of reasons (use additional page if necessary):

Date

Signature of College Dean