



COMPLETE AND RETURN THIS FORM WITHIN THIRTY (30) DAYS 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.

Print Name _____ Campus ID# _____

College _____ Department _____

Signature _____ Date _____

Sabbatical Leave ONLY

I will take my Sabbatical Leave for the semester of :

Fall 20____ Spring 20____

I will take my Sabbatical Leave for the Academic Year 20____

12-Month Faculty and Librarians ONLY - I will take my Sabbatical Leave for the months of:

I am unable to take my Sabbatical Leave

Difference-In-Pay Leave ONLY

I will take my Difference-in-Pay Leave for the semester of :

Fall 20____ Spring 20____

I will take my Difference-in-Pay Leave for the Academic Year 20____

12-Month Faculty and Librarians ONLY - I will take my Difference-in-Pay Leave for the months of:

I am unable to take my Difference-in-Pay Leave

For Faculty Affairs Use ONLY

Promissory Note Received _____ Application Revised Fall Spring

Deferred/Postponed _____ Academic Year