California State University Chico
Faculty Affairs

APPLICATION FOR SABBATICAL OR DIFFERENCE-IN-PAY LEAVE

NAME _____ DATE _____

COLLEGE _____ DEPARTMENT/SCHOOL _____

Status: *(check one only)*

- ☐ Faculty
- ☐ Counselor
- ☐ Librarian

(check one only)

- ☐ Probationary*
- ☐ Tenured
- ☐ Temporary

*A leave of absence with pay will count toward probation. It is the responsibility of the Dean and Department Chair or Director to be certain that the retention/tenure evaluation will be sufficient to form the basis for retention/tenure recommendation even though the individual is absent for all or part of the academic year.

Date of Last Paid Leave (Semester/Academic Year): _____

Type of Leave Requested

- ☐ Sabbatical
  - ☐ One Semester (full pay)
  - ☐ Academic Year (half pay)*
  - ☐ 4 month full pay option (available to 12 month faculty and 12 month Chair)
- ☐ Difference-in-Pay*
  - ☐ One Semester
  - ☐ Academic Year

***CalPERS service credit will be pro-rated during a Difference-In-Pay Leave or Academic Year (half-pay) Sabbatical Leave. Click here for more information**

Dates of Proposed Leave:

Fall _____ Spring _____ Academic Year _____

Other: From _____ To _____ (only for 4-month option)

As a part of this application, you are required to attach a comprehensive leave proposal covering your proposed plan of study, research travel, or service to be carried out during the leave period and a statement of benefits to the University, its programs, and its students. A copy of the proposal should be submitted to the Department Chair/Director in order for the Chair/Director to provide a statement regarding the possible effect on the curriculum and the operation of the department should you be granted a Sabbatical Leave.

Leaves with pay are subject to (a) completion of a Promissory Note, to be submitted to the College Dean within 30 days of leave approval, and (b) compliance with the Collective Bargaining Agreement between the California Faculty Association and the Trustees of the California State University as well as University policy.

A faculty unit employee on sabbatical leave of DIP shall not accept additional and/or outside empolyment without prior approval of the Provost (President's designee).

☐ Check if faculty plan to have additional or outside employment during the sabbatical leave. Attach "Sabbatical or DIP Request for Additional or Outside Employment" for from FAAF website.

APPLICANT SIGNATURE _____ DATE _____

RECOMMENDATION OF DEPARTMENT CHAIR / DIRECTOR:

Having reviewed the applicant's proposed leave plans for his/her sabbatical or DIP leave of absence, I recommend approval.

☐ YES ☐ NO

DEPARTMENT CHAIR / DIRECTOR *OR*
COUNSELING CENTER CLINICAL DIRECTOR

DATE

(Chair/Director: Attach a statement regarding the possible effect on curriculum and the operation of the department should the leave be granted.)

RECOMMENDATION OF COLLEGE / UNIT LEAVES COMMITTEE:

Having reviewed the applicant's proposed leave plans for his/her sabbatical or DIP leave of absence, we recommend approval.

☐ YES ☐ NO

COLLEGE / UNIT LEAVES COMMITTEE CHAIR

DATE

RECOMMENDATION OF DEAN / *VICE PRESIDENT FOR STUDENT AFFAIRS: (*for counselors only*)

I have reviewed the applicant's proposed leave plans for a sabbatical or DIP leave of absence, along with the recommendations of the Department Chair/Director and the College/Unit Leaves Committee. My recommendation is as follow:

APPROVAL: ☐ Recommended (funded) ☐ Not Recommended (not funded - reason selected below)

☐ Not Meritorious ☐ Budget Limitations ☐ Curriculum and Operations

DEAN *OR*
ASSOCIATE VICE PRESIDENT FOR
STUDENT AFFAIRS* (*for counselors only*)

DATE

DECISION OF PROVOST / *PRESIDENT: (*for counselors only*)

☐ Approved ☐ Not Approved

VICE PROVOST FOR FACULTY AFFAIRS
OR
VICE PRESIDENT FOR STUDENT AFFAIRS
(*for counselors only*)

DATE

Reference: Unit 3 Collective Bargaining Agreement; California State University, CSU, Chico Faculty Personnel Policies and Procedures; and Title 5 of the California Administrative Code.