

APPLICATION FOR SABBATICAL OR DIFFERENCE-IN-PAY LEAVE

NAME			DATE
COLLEGE			DEPARTMENT/SCHOOL
	(check one only)	(check one only)	
Statu	is: Faculty	Probationary*	
	Counselor	Tenured	
	Librarian	Temporary	
or Direc	ctor to be certain that th	•	esponsibility of the Dean and Department Chair sufficient to form the basis for retention/tenure ne academic year.
Date of	Last Paid Leave (Semeste	er/Academic Year):	
Type of	Leave Requested		
	Sabbatical		Difference-in-Pay*
One Semester (full pay)		ll pay)	One Semester
	Academic Year (h	alf pay)*	Academic Year
4 month full pay option (available to 12 month faculty and 12 month Chair)			2 month Chair)
		RS service credit will be pro-rated durir mic Year (half-pay) Sabbatical Leave. C	
Dates of	Proposed Leave:		
Fall _	Spring	_ Academic Year	
Other:	From T	o (only for 4-month opt	tion)

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 <u>OAPL website</u>.

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

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

DATE

DEAN or	
ASSOCIATE VICE PR	
STUDENT AFFAIRS* ((*for counselors only)

DATE

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

Approved

Not Approved

VICE PROVOST FOR FACULTY AFFAIRS AND SUCCESS 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.