



CALIFORNIA STATE UNIVERSITY CHICO Office of Academic Personnel

Kendall Hall Room 104 400 W. 1st Street Chico, CA 95929-0024 530-898-5029 FAX: 530-898-4438

Request for Change in Leave of Absence With Pay for Faculty

This form must be completed by those wishing to request a change in their leave plans (either the type of leave or their leave period.)

Name _____

College: _____ Dept/School _____

Sabbatical/DIP Leave Originally Awarded:

Academic Year: _____

Type of Leave: [] One Semester Full Pay [] AY 1/2 Pay [] DIP

Change Requested*:

[Empty box for Change Requested*]

*NOTE: It is not possible to change from an AY 1/2 pay sabbatical or DIP TO a one-semester full-pay sabbatical, as one-semester full-pay sabbaticals are ranked, and they have a fall deadline.

FPPP 13.1.2.d.3

If a faculty member's leave plans change before the start of the leave, these changes shall be submitted to the College Faculty Leaves committee for evaluation. Should these changes not meet with the approval of the Committee, the leave shall be rescinded/denied.

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.

Approval must be secured from the University President in order to work for compensation on a sponsored project during the sabbatical, difference in pay leave, or other leave of absence with pay.

Applicant Signature _____ Date _____

RECOMMENDATION OF DEPARTMENT CHAIR / DIRECTOR:

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

[] Yes [] No

Department Chair / Director _____ Date _____

(Chair/Director: Please attach comments for a recommendation of non approval.)

RECOMMENDATION OF COLLEGE/UNIT LEAVES COMMITTEE:

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

Yes No

College/Unit Leaves Committee Chair

Date

(Leaves Committee: Please attach comments for a recommendation of non approval.)

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

I have reviewed the applicant's proposed change in 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 follows:

Approval of Change: Recommended Not Recommended

Dean or
Vice President for Student Affairs*
**(for counselors only)*

Date

(College Dean/VP: Please attach comments for a recommendation of non approval.)

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

I have reviewed the applicant's proposed change in leave plans for a sabbatical or DIP leave of absence, along with the recommendations of the Department Chair/Director, the College/Unit Leaves Committee and the Dean/VP of Student Affairs.

Change in Proposed Leave Plan: Approved Not Approved

Provost or
President *(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.

ORIG: PAF/College
COPY: Faculty Affairs
Applicant