



**SABBATICAL OR DIFFERENCE-IN-PAY LEAVE: REQUEST FOR ADDITIONAL OR OUTSIDE EMPLOYMENT**

NAME \_\_\_\_\_

DATE \_\_\_\_\_

COLLEGE \_\_\_\_\_

DEPARTMENT/SCHOOL \_\_\_\_\_

*(check one only)*

*(check one only)*

Status:	Faculty	Probationary*
	Counselor	Tenured
	Librarian	Temporary

Type of Leave Awarded:	Sabbatical	Difference-in-Pay*
	One Semester (full pay)	One Semester
	Academic Year (half pay)*	Academic Year

Dates of Leave: Fall 20\_\_\_\_ Spring \_\_\_\_\_ Academic Year \_\_\_\_\_

Other: From \_\_\_\_\_ To \_\_\_\_\_

Please describe the Additional or Outside Employment you are seeking approval for. Be sure to include a description of the work you will be compensated for, where the work will be performed and the approximate duration of the work (ex: 10hrs/week for 6 months).

\_\_\_\_\_  
SIGNATURE OF REQUESTER

\_\_\_\_\_  
DATE

**RECOMMENDATION OF DEPARTMENT CHAIR/DIRECTOR:**

Having reviewed the applicant's Request for Additional or Outside Employment during their sabbatical or DIP leave of absence, I recommend approval.

YES

NO

\_\_\_\_\_  
DEPARTMENT CHAIR/DIRECTOR

\_\_\_\_\_  
DATE

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

I have reviewed the applicant's Request for Additional or Outside Employment during their sabbatical or DIP leave of absence, along with the recommendation of the Department Chair/Director and the College/Unit Leaves Committee. My recommendation is as follows:

APPROVAL:            Recommended            Not Recommended

\_\_\_\_\_  
DEAN <sup>OR</sup>  
VICE PRESIDENT FOR STUDENT AFFAIRS\*  
*(for counselors only)*

\_\_\_\_\_  
DATE

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

Approved

Not Approved

\_\_\_\_\_  
PROVOST <sup>OR</sup>  
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.