



Name \_\_\_\_\_ Date \_\_\_\_\_

College: \_\_\_\_\_ Dept/School \_\_\_\_\_  
*(check one only)* *(check one only)*

Status:  Faculty  Probationary\*  
 Counselor  Tenured  
 Librarian  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 Initial Appt. \_\_\_\_\_ Date of Last Paid Leave (Semester/Academic Year): \_\_\_\_\_

Type of Leave Requested :

- |  |   |
|--|---|
| <input type="checkbox"/> Sabbatical  | <input type="checkbox"/> Difference-in-Pay* |
| <input type="checkbox"/> One Semester (full pay)   | <input type="checkbox"/> One Semester       |
| <input type="checkbox"/> Academic Year (half pay)*   | <input type="checkbox"/> Academic Year      |
| <input type="checkbox"/> 4 month, full pay option (available to 12 month faculty and 12 month Chair) |   |

**\*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 summary of 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. A comprehensive leave proposal must be submitted to the college committee before it begins its deliberations.

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 or DIP shall not accept additional and/or outside employment 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" form from [OAPL 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

\_\_\_\_\_ 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 follows:

Approval:  Recommended (funded)  Not Recommended (not funded - reason selected below)  
 Not meritorious  Budget Limitations  Curriculum and Operations

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

\_\_\_\_\_ Date

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

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: College PAF or Personal File | Copy 1: Applicant | Copy 2: Provost/Designee | Copy 3: Payroll attached to ACF