

CALIFORNIA STATE UNIVERSITY, EAST BAY

Application for Sabbatical Leave and Difference in Pay Leave

Directions:

This is an application for a sabbatical leave or difference in pay leave. The terms of this leave are subject to the Collective Bargaining Agreement (CBA), particularly Articles 27 and 28. Complete the original + 6 copies of the application and attachments, secure acknowledgment by the Department Chair and College Dean, and submit original + 6 copies to the Office of Provost and Vice President, Academic Affairs (SA 4300).

Name of Applicant

Department / Library

(Asst. Prof.) (Assoc. Prof.) (Professor)
(Sr. Asst. Lib.) (Assoc. Lib.) (Librarian)
(Please circle one.)

Annual Salary

Dates of last sabbatical or DIP leave

Dates of Employment in CSU System

Type of leave requested; based on completion of six consecutive years of qualifying service for sabbatical leave, three consecutive years for difference in pay leave:

- One Quarter at full pay
Two Quarters leave at 3/4 of full pay
Three Quarters leave at 1/2 of full pay

Quarter(s) Requested:
Academic Year 2015-2016
Fall Winter Spring

of Quarter(s) at difference in pay

If there is inadequate funding for sabbatical leave,
I would accept a difference in pay leave

In support of this application I present the attached statement of purpose, resources required, and detailed outline of my plan of study, research, or travel and service to be performed during the period of the leave; and statement of the resulting benefits which will accrue to the university and its students (Attachment "A"). I also include a recent curriculum vitae (Attachment "B").

ATTACHMENT "C"

I will furnish the President a promissory note to indemnify the State of California against loss in the event I do not return to render one term of service in the California State University for each term of leave;

OR

I request that the President waive said promissory note. I agree to return to the service of the California State University and render at least one term of service for each term of leave following my return from the leave of absence granted me. In support of this request, I submit the attached list of assets (the value of which is at least equal to the salary to be paid to me during

leave) as evidence of my capacity to indemnify the State of California against loss in the event of my failure, through fault of my own, to fulfill this agreement. **(This statement of assets does not include my retirement fund account.)**

I recognize that this leave, if granted, will be pursuant to the CBA. I agree to abide by the terms referred to therein should this application be approved.

Signature of Applicant

Acknowledgment by Department Chair

Department

Date

Acknowledgment by College Dean

College

Date

Approval of the University President or his designee: Having received the recommendation of the Professional Leave Committee or the Department Professional Leave Committee, I have reviewed and hereby approve this application.

Signature

Title

Date

Enclosures: Attachments "A" and "B" (Attachment "C" Optional)

Academic Affairs
09/24/2014
jat