



CALIFORNIA STATE UNIVERSITY, FRESNO
SABBATICAL LEAVE & DIFFERENCE IN PAY
LEAVE REQUEST FORM _____ ACADEMIC YEAR

Applicable Policies: CBA Article 27 Sabbatical Leaves
 CBA Article 28 Difference in Pay Leaves
 Campus Policy: Policy on Faculty Leaves of Absence (APM 360)

I understand the terms and conditions for a sabbatical / difference in pay leave as detailed in the Collective Bargaining Agreement and the campus Policy on Faculty Leaves of Absence. I agree to abide by these terms and conditions in return for approval of the leave.

1. Name _____

2. Address _____

3. Rank: Professor
 Associate Professor
 Assistant Professor
 Full Time Lecturer

4. Date of Full-Time Appointment Fall _____ Spring _____

5. Years of service (include current year and any service credit) _____

6. Date of last sabbatical leave _____
 A copy of the report from the last sabbatical or difference in pay leave, if any, shall be attached to the proposal. (APM 361)

7. Date of last difference-in-pay leave _____
 A copy of the report from the last sabbatical or difference in pay leave, if any, shall be attached to the proposal. (APM 361)

8. PAID LEAVE REQUESTED. (Check the appropriate category.)

(a) SABBATICAL, One semester at **full** pay Fall 20____ Spring 20____

(b) SABBATICAL, Two semesters at **half** pay Academic Year _____

(c) DIFFERENCE IN PAY Academic Year _____

Difference in pay leaves are normally for two semesters at the difference between your current nine month salary and the minimum for the Instructor rank. Difference in pay leaves may also be a single semester.

FOR EACH SEMESTER TAKEN FOR A SABBATICAL LEAVE OR A DIFFERENCE IN PAY LEAVE, THE APPLICANT IS REQUIRED TO RENDER EQUIVALENT FULL TIME SERVICE ON THE CAMPUS AFTER COMPLETION OF THE LEAVE.

(PLEASE COMPLETE THE REVERSE SIDE)

Pursuant to CSU policy, final approval of a sabbatical leave or a difference in pay leave shall not be granted until the applicant has filed a suitable bond or an accepted statement of assets (not including PERS holdings) and/or a promissory note that is individually or collectively at least equal to the amount of salary paid during the leave.

Should the leave be approved, I will do one of the following to meet this requirement.

Check the appropriate box(es)

_____ Provide an accepted bond settlement,

_____ Provide a list of my assets equal to my salary during my leave

_____ Provide a completed and signed Promissory Note.

SHOULD A LEAVE BE GRANTED, THIS APPLICATION, INCLUDING A COPY OF THE LEAVE PROPOSAL, AND ITS ATTACHMENTS WILL BE PLACED IN YOUR OPEN PERSONNEL FILE.

I understand all the terms and conditions of this leave. I agree that while on this paid leave that I may not accept additional and/or outside employment without receiving the prior approval of the Provost.

I understand that if I am taking an Academic Year Sabbatical or a Difference in Pay leave that I will NOT be credited for a full year of service credit for purposes of retirement (PERS). I understand that I should discuss the implications of this leave with the Benefits Office immediately upon my return from the leave. Contact Benefits at 278-2032.

By my signature, I agree to adhere to the terms and conditions of the leave as noted in Article 27 (Sabbatical leaves) or Article 28 (Difference in pay leaves) of the CBA, as appropriate, as well as the campus Policy on Faculty Leaves of Absence (APM 360). Furthermore, I attest to the truthfulness and accuracy of my application, including any attachments and/or documents submitted by me as part of my application.

Signature of Applicant

Date