



Difference-In-Pay Leave Application

(Instructional Faculty)

Applicants are urged to read FAM Policy No. 625.5 ([http://senate.csusb.edu/FAM/Policy/\(FSD84-241.R3\)Diff_Pay_Leaves.pdf](http://senate.csusb.edu/FAM/Policy/(FSD84-241.R3)Diff_Pay_Leaves.pdf)) as well as Article 28 of the Unit 3 Collective Bargaining Agreement prior to completing this application (<http://www.calfac.org/resource/collective-bargaining-agreement-contract-2014-2017#article-28>).

Name: _____	Date: _____
Department: _____	College: _____
Present Academic Rank: _____	AY of Previous Sabbatical: _____
	AY of Previous Difference in Pay: _____

Academic Year of Leave: _____

Period of Leave Requested:

Fall Term

Winter Term

Spring Term

Academic Year

In order to minimize the impact on department planning, individuals should take their leave during the period granted. Changes to the terms are not automatic and will be considered in exceptional cases only and will require approval by the department chair and college dean.

Please provide a concise description of your project in the space below. Information provided may be included on the Academic Affairs website and sent to Public Affairs for PR purposes upon award of this leave. Must not exceed space provided.

Note: Provision 28.14 provides that a faculty unit employee on leave with pay shall NOT accept outside employment without approval of the President or designee. This application does NOT secure such approval.

Project Proposal: Attach your plan for study, research, scholarly and/or creative activity, travel, instructional improvement, or professional development. The description of the proposed leave project **shall not exceed three pages.**

Plan should include the following: a) a statement of the purpose of the project ; b) a statement describing the methods to be employed (e.g., theoretical models, techniques of analysis, research procedures, etc.); c) a brief timetable of activities to demonstrate the feasibility of the project; d) a statement of the proposed outcomes of the project (e.g., publications, performances, etc.); e) a statement of the contribution of the project to the faculty member’s professional development, to the discipline, and/or to the University. **You may include the following appendices:** a) a list of previous publications or professional activities directly relevant to the project. DO NOT INCLUDE A CURRICULUM VITAE. b) copies of publisher’s agreements or letters of interest from publishers; c) letters of invitation to do research, produce exhibitions or performances, or teach as a visiting professor; d) statements from appropriate persons or agencies approving a proposed investigation (e.g., school districts, corporations, etc.); e) an outline of a proposed publication.

I recognize that this leave, if granted, will be pursuant to Provision 28 of the Faculty Collective Bargaining Agreement and the CSUSB Difference-in-Pay Leave Policy. I agree to abide by the terms of the Faculty Collective Bargaining Agreement and CSUSB policies and procedures referred to therein should this application be approved.

If this leave is granted, 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. Pursuant to the requirements of Provision 28.11 of the Faculty Collective Bargaining Agreement, I agree to sign a promissory note (the value of which is at least equal to the amount of salary to be paid during the sabbatical leave) as evidence of my capacity to indemnify the State of California against loss in the event of failure to fulfill this agreement.

I declare under penalty of perjury that the portions of this application I have completed are true and correct.

Signature of Applicant

Date

Department Committee Comments
(Attach additional pages if more space needed)

AA/S Verification Name: _____ Date: _____
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Recommend

Do Not Recommend

Committee Chair’s Signature (Please forward to Department Chair)

Date

Department Chair Comments
(Attach additional pages if more space needed)

Recommend

Do Not Recommend

Department Chair’s Signature (Please forward to College Dean)

Date

College Dean’s Comments
(Attach additional pages if more space needed)

Approve

Do Not Approve

College Dean’s Signature
(Please forward to Academic Personnel accompanied by signed letter of acceptance and a notarized promissory note.)

Date