

## Application for Sabbatical or Difference-In-Pay Leave (DIP)

**Instructions: All applicants are responsible in securing signatures from their department chair or unit head and Dean or appropriate administrator.** Please note the applicant is required to submit this application along with the required supporting documents via Interfolio to the Office of Faculty Affairs and Development no later than **January 24, 2025**. Incomplete applications will not be accepted.

### A. EMPLOYEE INFORMATION

Name:	Department:
Employment Status: (Select Status)	(Select one)
*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 last Sabbatical or DIP Award:	
Sabbatical:	DIP:

### B. TYPE OF LEAVE REQUESTED

Choose one type of leave:

Sabbatical

Difference-in-Pay (DIP)\*

\*You are **not** eligible to work while on a sabbatical on one-half of full pay. If you have been granted a difference-in-pay (DIP) leave or sabbatical leave pay at a reduced salary, you will not earn a full year of service credit during the period of the leave. Please contact the Benefits and Payroll Services office to learn how it may apply to your specific case. If you wish to purchase additional service credit to make up any difference, please contact CalPERS to learn more about the purchase of service credit.

Dates of proposed leave:      Fall 20                      Spring 20                      Academic Year

If you are requesting a sabbatical and one is not awarded to you at this time, do you wish to be considered for a Difference-in-Pay leave for the same period?     Yes             No

**The following information must be provided and attached to this application:**

1. Detailed outline of plan of study or experience, research/project, service and/or travel to be completed during the period of the leave. Provide specific timeline and dates and locations.
2. Statement of Purpose: Include a statement addressing benefits of the proposal to students; to the development of the profession or a discipline within the profession; to CSUDH; to the CSU; and/or to the faculty member as a teacher, scholar, or professional practitioner. What resources (other than salary and fringe benefits) are necessary to carry out the project? Attach evidence that these resources are available to you.
3. Attach a curriculum vita detailing your professional activities.
4. For sabbatical and DIP leave applications, please submit completed application and supporting documents via Interfolio.

**I understand that:**

1. I am required to submit a report of my sabbatical or difference-in-pay leave activities to the Provost within 90 days of the conclusion of the leave.
2. I am required to render service to the CSU upon return from a sabbatical leave (difference in pay leave) at the rate of one (1) term of service for each term of leave.

3. Prior to final approval of a sabbatical leave or DIP leave, I must file with the President or designee 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. [See Article 27.9 of the Collective Bargaining Agreement for more information.]
4. I shall not accept additional or outside employment during a sabbatical or DIP leave, including grant-related work, without prior approval of the President or designee.
5. A sabbatical leave exceeding one semester or a difference in pay leave may result in a reduction in service credit with CalPERS.
6. I cannot use my faculty development funds or any foundation funds if my sabbatical involves travel to a banned state (except in those very narrow circumstances spelled out in the policy).

**Employee Name:**

**Signature:**

**Date:**

**RECOMMENDATION OF DEPARTMENT CHAIR / UNIT HEAD:**

Recommendation (based on impact on the curriculum and department operations):

Approve

Do Not Approve

**Signature:**

**Date:**

**TO BE COMPLETED BY THE DEAN / APPROPRIATE ADMINISTRATOR:**

Recommendation (based on impact on the curriculum and department operations):

Approve

Do Not Approve

**Signature:**

**Date:**

**TO BE COMPLETED BY THE FACULTY LEAVES AND HONORS COMMITTEE CHAIR:**

Recommendation (based on impact on the curriculum and department operations):

Approve

Do Not Approve

**Signature:**

**Date:**



**TO BE COMPLETED BY THE PROVOST/VICE PRESIDENT:**

Decision (based on the above recommendations):

Approve

Do Not Approve

**Signature:**

**Date:**

**TO BE COMPLETED BY THE VICE PRESIDENT OF STUDENT AFFAIRS (for Counselors only):**

Decision (based on the above recommendations):

Approve

Do Not Approve

**Signature:**

**Date:**

**TO BE COMPLETED BY THE UNIVERSITY PRESIDENT:**

Final Decision (based on the above recommendations):

Approve

Do Not Approve

**Signature:**

**Date:**