



COMPLETE AND RETURN THIS FORM WITHIN THIRTY (30) DAYS TO: Associate Vice President for Faculty Affairs, Office of Faculty Affairs – BH-303, Division of Academic Affairs, 1250 Bellflower Boulevard, Long Beach CA, 90840-0118.

Print Name _____

College _____

Department _____

Signature _____

Date _____

Sabbatical Leave Only

I will take my Sabbatical Leave for the semester of

Fall 20____

Spring 20____

I will take my Sabbatical Leave for the Academic Year 20____

Librarians Only - I will take my Sabbatical Leave for the months of:

I am unable to take my Sabbatical Leave

Difference-In-Pay Leave Only

I will take my Difference-in-Pay Leave for the semester of

Fall 20____

Spring 20____

I will take my Difference-in-Pay Leave for the Academic Year 20____

Librarians Only - I will take my Difference-in-Pay Leave for the months of:

I am unable to take my Difference-in-Pay Leave

For Faculty Affairs Use

Promissory Note Received _____

Application Revised _____

Personnel File

Deferred/Postponed