Office of Faculty Affairs
http://csulb.edu/aa/personnel 562-985-4128

Sabbatical/Difference-in-Pay Exception to Conditions of Leave Form

8/2/2011

This form is to be used for any faculty granted either a Sabbatical or Difference-in-Pay leave wishing to request an exception to the Conditions of Leaves as outlined in the Leave Application. Completed forms must be submitted to Faculty Affairs for Provost's review prior to the leave period.

Name: _____

College: _____ **Department:** _____

Type of Leave: ◯ Sabbatical Leave **Semester of Leave:** _____

◯ Difference-in-Pay Leave

Rationale for request:

Faculty Signature: _____ Date: _____

Request ◯ Approved ◯ Denied

Provost's Signature: _____ Date: _____