



Sabbatical & Difference-In-Pay Leaves Accept / Decline Form

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

Print Name		Department	
			College
Signature		Date	

Sabbatical Leave Only	
<input type="checkbox"/> I will take my Sabbatical Leave for the semester of:	
<input type="checkbox"/> Fall 20 ____	<input type="checkbox"/> Spring 20 ____
<input type="checkbox"/> I will take my Sabbatical Leave for the Academic Year	20 ____
<input type="checkbox"/> Librarians Only -- I will take my Sabbatical Leave for the months of:	
<input type="checkbox"/> _____	
<input type="checkbox"/> I am unable to take my Sabbatical Leave.	

Difference-In-Pay Leave Only	
<input type="checkbox"/> I will take my Difference-In-Pay Leave for the semester of:	
<input type="checkbox"/> Fall 20 ____	<input type="checkbox"/> Spring 20 ____
<input type="checkbox"/> I will take my Difference-In-Pay Leave for the Academic Year	20 ____
<input type="checkbox"/> Librarians Only -- I will take my Difference-In-Pay Leave for the months of:	
<input type="checkbox"/> _____	
<input type="checkbox"/> I am unable to take my Difference-In-Pay Leave.	

For Academic Personnel Use	
<input type="checkbox"/> Promissory Note Received _____	<input type="checkbox"/> Application Revised _____
<input type="checkbox"/> Personnel File _____	<input type="checkbox"/> Deferred/Postponed _____