



Office of Faculty Affairs
<http://csulb.edu/aa/personnel>

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

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		Department	
Signature		College	
		Date	

Sabbatical Leave Only
<input type="checkbox"/> I will take my Sabbatical Leave for the semester of: <div style="display: flex; justify-content: space-around; margin-left: 40px;"> <input type="checkbox"/> Fall 20 ____ <input type="checkbox"/> Spring 20 ____ </div>
<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: <div style="margin-left: 40px;">_____</div>
<input type="checkbox"/> I am unable to take my Sabbatical Leave.

Difference-In-Pay Leave Only
<input checked="" type="checkbox"/> I will take my Difference-In-Pay Leave for the semester of: <div style="display: flex; justify-content: space-around; margin-left: 40px;"> <input type="checkbox"/> Fall 20 ____ <input checked="" type="checkbox"/> Spring 2010 </div>
<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: <div style="margin-left: 40px;">_____</div>
<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 _____