



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

Sabbatical Leave
PROMISSORY NOTE

(Notary Required)

RETURN COMPLETED FORM 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		Date	
College		CSULB ID #	
Department		Dates of Sabbatical (Select Only One Option)	<input type="checkbox"/> Academic Year 2010-2011
Home Street Address			<input type="checkbox"/> Fall 2010
City State Zip			

I agree to accept the terms of sabbatical leave contained in Article 27 of the Faculty Unit Memorandum of Understanding as well as all sabbatical leave policies and procedures established by the University. I further agree to carry out my proposal to the best of my ability.

I also agree to return to the service of **California State University, Long Beach** and render service therein at the rate of at least one term of full-time service for each term of sabbatical leave granted me. If I fail to return such service, and the University determines that it is through fault of my own, I agree to pay the State of California the amount of salary paid me during the leave period.

Signature

Date

State of California

County of _____

On _____

before me

Date

Name & Title of Officer

personally appeared _____

Name(s) of Signer(s)

____ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify UNDER PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public

Date