

**CALIFORNIA STATE UNIVERSITY, LONG BEACH
SABBATICAL LEAVE APPLICATION FORM**

NAME _____

DEPARTMENT _____

YEARS OF SERVICE _____

Employment Status (check one): _____ *Tenured* Counselor/Instructional Faculty/Librarian
_____ *Probationary* Counselor/Instructional Faculty/Librarian
_____ *Lecturer* Full-Time

(A) Type and period of leave requested: (indicate preference by writing "1" or "2" or "3")

SABBATICAL _____ Fall 2008 Semester
_____ Spring 2009 Semester
_____ 2008-2009 Academic Year

(B) Project Title: _____

1. Attach a statement indicating the detailed plan of study, research, travel or service you propose to perform during the leave period, as well as a justification of the proposed program.
2. Attach a current professional resume.
3. Have you been granted a sabbatical/difference-in-pay leave before? ____ Academic Year _____

Have you declined a: Sabbatical leave? _____ Difference-in-Pay-Leave? _____
If yes, comment:

Attach a summary of all research support received from the University since appointment, or since your last sabbatical/difference-in-pay leave (leaves, assigned time [code 22b], sabbaticals, grants, etc.), as well as the stated objective and accomplishments as a result of that support (such as publications, exhibitions, performance, etc.). Include copies of previous sabbatical/difference-in-pay leave reports.

NOTE: Prior to the award of a sabbatical or difference-in-pay leave to a lecturer, there must be a commitment by the Vice President for Academic Affairs that he/she will be offered subsequent appointment to the University in order to fulfill the sabbatical leave return service obligation.

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In accepting a sabbatical leave, I agree to the following:

1. I agree to render service to CSULB upon return from leave at the rate of one (1) term of full time service for each term of leave.
2. I agree to file a suitable bond or an accepted statement of assets (**not including PERS holdings**) and/or a promissory note that is individually or collectively at least equal to the amount of salary paid during the leave.
3. I agree not to accept additional and/or outside employment during the leave period, except as may be expressly authorized by the Vice President for Academic Affairs or his/her designee.
4. I agree to submit a detailed report of my sabbatical leave within thirty (30) days after my return to service.

Date

Signature of Applicant

The granting of the sabbatical leave to this applicant for the period(s) noted on this application (will) (will not) disrupt the continued and regular course offerings or affect the quality level of education offered to the students enrolled in this department/program, provided that the number of full-time faculty or librarian employees on leave from this department without replacement does not exceed _____ at any time.

Date

Signature of Department Chair

Recommendations of the College Professional Leave Committee:
Sabbatical Leave (if requested)

Grant Deny

If recommendation is to deny, please provide statement of reasons (use additional page if necessary):

Date

Signature of College Professional Leave Committee Chair

Recommendation by the College Dean or Director:
Sabbatical Leave

Grant Deny

If recommendation(s) is to deny or defer, please provide statement of reasons (use additional page if necessary):

Date

Signature of College Dean or Director