

2026-2027 Sabbatical Leave / Difference-In-Pay Leave (DIP)

Acceptance Form

In accepting the Sabbatical or Difference-In-Pay Leave award, you must agree to ALL conditions and terms as stated below:

- ☐ I agree to carry out my leave proposal to the best of my ability.
- ☐ I agree a) to not accept additional and/or outside employment during the leave period; b) to not engage in teaching; and c) to not engage in department, college, or university service, except as may be expressly authorized in writing by the President or designee.
- ☐ I agree to submit to the Department Chair, the College Dean, and Faculty Affairs a detailed report of my Sabbatical/Difference-In-Pay Leave within ninety (90) days after my return to full-time assignment at CSULB.
- ☐ I agree to the Sabbatical/Difference-In-Pay Leave terms contained in Articles 27 and 28 of the CSU/CFA Collective Bargaining Agreement as well as all sabbatical leave/difference-in-pay leave policies and procedures established by the University.
- ☐ I agree to return to my full-time assignment at CSULB upon return from leave and render service at the rate of one (1) term of full-time assignment for each term of leave.
- ☐ I agree to pay the State of California the amount of salary paid to me during my period of leave should I fail to meet the return service obligation.

12-Month Faculty, Counselors, and Librarians ONLY – I will take my Leave for the months of:

****Click to enter text**

☐ I, ****Click to enter full name**, certify that I have completed this acceptance form for my ****Click to enter leave type and leave period** on ****Click to enter date**.