CALIFORNIA STATE UNIVERSITY **LONG BEACH**

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

Dean's Recommendation

Employee's Name:	**Click to enter Employee Name

Department:	**Click to enter Department Name

TYPE OF LEAVE:	**RECOMMENDATION:**
☐ **Sabbatical or ☐ DIP**	☐ **Grant or ☐ Deny**
Please provide a statement of reasoning:	
**Click to enter text	

☐ **I, Dean** **Click to enter full name, **certify I have completed the evaluation of the employee's Sabbatical/DIP Leave application on** **Click to select date.