CALIFORNIA STATE UNIVERSITY **LONG BEACH**

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

Professional / Departmental Leave Committee Recommendation

Employee's Name:	**Click to enter Employee Name
Department:	**Click to enter Department Name
Committee Members:	**Click to enter all Committee Member Names

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

☐ **I, Leave Committee Chair** **Click to enter full name, **certify the members of the committee have collectively completed the evaluation of the employee's application on** **Click to select date.