CALIFORNIA STATE UNIVERSITY, NORTHRIDGE
APPLICATION FOR 2016-17 SABBATICAL LEAVE OR DIFFERENCE-IN-PAY LEAVE

This application is to be completed by the applicant and submitted to the Department Chair (or equivalent), no later than September 25, 2015, for transmittal to the appropriate Department Committee. Applicants must have completed a minimum of six (6) full academic years of credited service before a regular sabbatical leave or difference-in-pay leave can be granted. To be eligible for a subsequent sabbatical leave, applicants must have served full time at least six (6) full academic years after any previous leave with pay. Applicants must have completed a minimum of three (3) full academic years of credited service after the last leave with pay to be eligible for a difference-in-pay leave. Applicants should be familiar with Article 27 (Regular Sabbatical Leaves) or Article 28 (Difference-In-Pay Leaves) of the Faculty Collective Bargaining Agreement, and with the CSUN Sabbatical Leave Policy, found in Section 672 of the Administrative Manual.

All sabbatical leave applications, accompanied by the written evaluations from the Department level, shall be forwarded to the College Personnel Committee or College Professional Leave Committee if one has been elected, no later than October 16, 2015. All difference-in-pay leave applications shall be forwarded to the College Dean no later than October 16, 2015. Applicants should inquire if they have not received a written evaluation from the Department Committee on or before October 9, 2015. The appropriate College Committee shall forward all sabbatical leave applications to the College Dean no later than November 19, 2015. The College Dean shall forward all applications and accompanying materials to the Office of Faculty Affairs no later than November 25, 2015. The President (or designee) shall notify all applicants of the decision on granting the professional leave no later than January 7, 2016.

1. Name of applicant: ____________________________
   Last           First           Middle Initial

2. Department: ____________________________ College: ____________________________

3. Date of Most Recent Leave of Absence with Pay: ____________________________
   (Regular Sabbatical or Difference-In-Pay Leave) Semester Year

4. If you transferred to CSUN directly from another CSU campus, and have not been granted a sabbatical leave at CSUN, indicate campus: ____________________________; indicate years of full-time service at that CSU campus: ____________________________.

5. □ Yes  □ No  Do you plan to hold any employment (CSUN or other) while on sabbatical? If yes, submit with your application a separate memorandum to the Provost and Vice President for Academic Affairs that requests approval and provides a written justification of the need for the additional employment.
6. Type of Leave Requested:

**MARK ONE CHOICE ONLY.** Please note the following: Applicants not awarded a sabbatical leave will have an opportunity to transfer their request to a difference-in-pay leave. Since regular one-year sabbatical leaves at half salary are not included in the college allocation of centrally funded sabbatical leaves, they cannot be converted at a later time to one-semester fully-funded, centrally-funded sabbatical leaves. If you have questions about possible conversion of leave requests or postponement of leaves, please contact the Office of Faculty Affairs prior to selecting a choice below.

**Regular Sabbatical Leave**
- _____ Fall 2016 semester at full pay
- _____ Spring 2017 semester at full pay
- _____ 2016-17 academic year at half salary*
- _____ Other - identify which two semesters from the 2016-17 and 2017-18 academic years you request sabbatical leave at half salary*

**Difference-In-Pay Leave**
- _____ Fall 2016 semester at difference-in-pay*
- _____ Spring 2017 semester at difference-in-pay*
- _____ 2016-17 academic year at difference-in-pay*
- _____ Other - identify which two semesters from 2016-17 and 2017-18 academic years you request difference-in-pay leaves*

*As described in Government Code 21008, faculty members on difference-in-pay leaves or reduced pay sabbatical leaves earn prorated retirement service credit. Faculty members on full-time pay sabbatical leaves receive full credit for retirement service.

**PLEASE NOTE:** The entire application packet (pp. 1-7) should be forwarded to each subsequent level of review.

7. In support of this application, I submit the following proposal: (the proposal, which shall not exceed three pages, should include a statement of the purpose of the sabbatical leave; a detailed outline of the plan of study, research, travel or service to be performed during the period of the leave; a statement of the resulting benefits which will accrue to the University and its students; the CSU resources, if any, necessary to complete the project; and the nature, amount and source of anticipated supplemental support, if any.) Letters of support or recommendation from colleagues will be included as part of the three-page limit on the length of the proposal. Letters of support or recommendation that result in a proposal of more than three pages will not be considered.
8. I have attached to this application a current curriculum vitae, not more than one page in length, which cites information relevant to the sabbatical proposal.

9. I agree to return to the service of the California State University and render at least one term of service for each term of leave. Pursuant to the requirements of Articles 27.9 or 28.11 of the Faculty Bargaining Agreement, I agree to sign a promissory note (the value of which is at least equal to the amount of salary to be paid during the sabbatical leave) as evidence of my capacity to indemnify the State of California against loss in the event of failure to fulfill this agreement.

Note: Those individuals approved for sabbatical leaves will be asked to sign a promissory note after the President's decisions have been announced.

10. I recognize that this leave, if granted, will be pursuant to Article 27 (Sabbatical Leaves) or Article 28 (Difference-In-Pay Leaves) of the Faculty Collective Bargaining Agreement and the CSUN Sabbatical Leave Policy for sabbaticals to be granted during the 2016-17 academic year. I agree to abide by the terms of the Faculty Collective Bargaining Agreement and CSUN policies and procedures referred to therein should this application be approved.

I declare under penalty of perjury that the portions of this application I have completed are true and correct.

__________________________________________  __________________________
Signature of Applicant                        Date

HOME ADDRESS (please print):

__________________________________________  __________________________
Street                                      City                        Zip Code

__________________________________________
CSUN Email Address
DEPARTMENT CHAIR: STATEMENT OF IMPACT ON DEPARTMENT

11. As specified in Section 672.2.4 of the CSUN Sabbatical Leave Policy, “the Department Chair shall provide a statement to the College Dean and College Personnel Committee regarding the possible effect on the curriculum and the operation of the Department should the employee be granted a sabbatical.” Section 672.3.2. specifies a similar provision related to difference-in-pay leaves. The Department Chair should complete the following section unless the Department Chair is applying for a professional leave. If the Department Chair is applying for a professional leave, this section is left blank.

Statement about impact on curriculum/operation of Department:

☐ The leave, if granted, would not seriously disrupt the course offerings of the Department or adversely affect the quality of education offered the students.

OR

☐ Granting the leave is inadvisable because the leave would create the following potential problems: (explain)

The foregoing statement is submitted by: ________________________________

______________________________
Signature

______________________________
Name

Department

PROVIDE A COPY OF THIS SHEET TO THE APPLICANT NO LATER THAN OCTOBER 9, 2015.

FORWARD TO THE APPROPRIATE COLLEGE-LEVEL PROFESSIONAL LEAVE REVIEW COMMITTEE, NO LATER THAN OCTOBER 16, 2015.
DEPARTMENT RECOMMENDATION

12. To assist the College Personnel Committee or the College Professional Leave Committee and the President, for sabbatical leaves, and to assist the President in the case of difference-in-pay leaves, the following evaluation of the proposal is submitted by either the Department Professional Leave Committee or the Department Personnel Committee. The written Department evaluation should address each of the criteria cited in Section 672.2.7.b of the CSUN Sabbatical Leave Policy (appropriateness, benefits, practicability), plus any specific guidelines that have been established at the Department level, as permitted by Section 672.2.4 of the Sabbatical Leave Policy. (ATTACH ADDITIONAL PAGES IF MORE SPACE IS NEEDED)

The following evaluation is submitted by: ____________________________________________

Signature

Name __________________________ Title __________________________

☐ Outstanding
☐ Meritorious
☐ Not recommended

PROVIDE A COPY OF THIS SHEET AND THE WRITTEN EVALUATION TO THE APPLICANT NO LATER THAN OCTOBER 9, 2015.

13. To assist the President, the following evaluation of the sabbatical leave proposal is submitted by either the College Professional Leave Committee or the College Personnel Committee. The College Committee shall provide a written statement of the reason for recommending or not recommending each proposal including a justification for recommending outstanding projects for funding irrespective of service. The written college evaluation should address each of the criteria cited in Section 672.2.7.b of the CSUN Sabbatical Leave Policy (appropriateness, benefits, practicability), plus any specific guidelines that have been established at the Department level, as permitted by Section 672.2.4 of the Sabbatical Leave Policy, and/or guidelines that have been established at the College level, as permitted by Section 672.2.9 of the Sabbatical Leave Policy. (ATTACH ADDITIONAL PAGES IF MORE SPACE IS NEEDED)

The following evaluation is submitted by:______________________________

Name

Title

☐ Outstanding and recommended*

☐ Outstanding, but recommendation inadvisable**

☐ Meritorious and recommended*** (if applicable, please list years of sabbatical credit ____)

☐ Meritorious but recommendation inadvisable**

☐ Not recommended

*Note: Section 672.2.6. of the Administrative Manual provides, “The College Personnel Committee shall not submit more sabbatical leave applications ranked as outstanding than the total number of sabbatical leaves allocated to that College under Section 672.2.1.”

**Note: If the granting of the sabbatical is “inadvisable,” there is reason to believe (based upon the assessment of the Department Chair) that the faculty member’s absence would adversely affect the curricular offerings and/or operations of the Department.

***Note: If the number of sabbatical leave applications judged to be meritorious exceeds the remaining number of sabbatical leaves allocated to the College. Ranking of applications judged by the College committee to be meritorious should be in order of years of sabbatical credit (i.e., years of accrued service since the last sabbatical leave or years of credit towards sabbatical leave if no previous leave has been taken) (see Section 672.2.6.). This rank should be indicated in the space provided above.

PROVIDE A COPY OF THIS SHEET AND THE WRITTEN EVALUATION TO THE APPLICANT NO LATER THAN NOVEMBER 12, 2015.

FORWARD THE SABBATICAL LEAVE APPLICATION WITH A COPY OF THIS SHEET AND THE WRITTEN EVALUATION TO THE APPROPRIATE COLLEGE DEAN, NO LATER THAN NOVEMBER 19, 2015.
14. I have reviewed the application for a sabbatical leave or difference-in-pay leave and offer the following recommendation:

☐ The leave, if granted, would not seriously disrupt the course offerings of the Department or adversely affect the quality of education offered the students.

OR

☐ Granting the leave is inadvisable because the leave would create the following potential problems: (explain)

________________________________________________________________________________________

Signature of College Dean ___________________________ Date __________________________

FORWARD TO THE OFFICE OF FACULTY AFFAIRS, UNIVERSITY HALL 225, AND A COPY OF THIS SHEET TO APPLICANT, NO LATER THAN NOVEMBER 25, 2015.