

**REQUEST FOR SABBATICAL DEFERRAL  
APPLICATION FORM**

**Please Note:** Sabbatical or Difference in Pay Leave (DIP), deferrals may be considered at the discretion of the provost. Sabbatical/DIP deferrals require an application to be submitted by the deferral deadline for leaves including a justification for the deferral request along with chair and dean recommendations for approval or denial. If a deferral request is denied, the faculty member may either take the original sabbatical/DIP as approved or, if needed, submit a revised plan for the same semester(s) for review and approval by the chair, dean, and provost. They may also withdraw from their sabbatical or DIP and resubmit a new application for a subsequent academic year, to be processed as a new application. Due to logistics and financial considerations, the granting of deferrals for previously deferred sabbaticals is unlikely and will be determined on a case-by-case basis.

Deferral requests are due no later than **April 1**, for the Fall semester leave or for the Academic Year leave approval, or **October 1**, for the Spring semester leave.

<b>Name:</b>	<b>CSUN Employee ID #:</b>
<b>Department:</b>	<b>College:</b>
<b>Type of Sabbatical</b> (Regular one semester, Academic Year at Half Salary, or Difference-in-Pay):	
Has your sabbatical been previously deferred? No    Yes If yes, when (enter Semester or Academic Year):	
<b>Enter Semester or Academic Year your Sabbatical was originally awarded:</b>	<b>Enter Semester or Academic Year you are requesting the Sabbatical Deferral:</b>
<b>Reason for Deferral Request: <u>Please attach an explanation for your request, preferably limited to one page.</u></b>	
<b>Signature of Applicant:</b> (email to Department Chair)	<b>Date:</b>

Recommended: <b>Yes</b> <b>No</b> Comments:	
<b>Department Chair/Director Signature</b> (email to College Dean)	<b>Date:</b>

Recommended: <b>Yes</b> <b>No</b> Comments:	
<b>Dean Signature</b> (email to Faculty Affairs)	<b>Date:</b>

Approved: <b>Yes</b> <b>No</b> Comments:	
<b>Provost Signature</b>	<b>Date:</b>

Distribution: Department, College, Faculty Affairs, Human Resources