

Office of Faculty Affairs

SABBATICAL LEAVE REQUEST

Faculty Use Only

Faculty must submit completed application form and all required documents by September 15th

TO BE COM	IPLETED B	ΥF	ACULTY						
Name:		Dept. Name:							
Date of las	st Sabbatica	ıl or	DIP Leave, if any:						
	uest: (choos								
Instructional Faculty or Other in Academic Year Assignments:			One (1) semester at full pay	Semester:		Year	ar:		
			Two (2) semesters at 1/2 pay	Academic Y	nic Year:				
			Two (2) semesters at 1/2 pay	Sem:	Year:	Se	em:	Year:	
Librarians in 12- Month Assignments			Four (4) months at full pay	Start:		End:			
			Eight (8) months at 1/2 pay	Start:			End:		
Title of proposed project to be completed during leave:									
	RY NOTE IN								
			nt to be submitted to the Faculty				· · · · · · · · · · · · · · · · · · ·	4 1 2 2 2 2 4 2 2	
			e collective bargaining agreemen alt of my own, to fulfill in the follo				ty agains	t loss in the	
Promiss		- 1010	,,	9	- (00000 0	<u>- </u>			
Request	Request the President waive the promissory note or bond. In its place, attached is a <u>Statement of Assets</u> , the value								
	of which is in excess of the salary to be paid during leave, as evidence of my capacity to indemnify the State of California against loss in the case of failure of the fulfillment of this agreement.								
	Bond of sufficient value for this purpose								
APPLICATION	ON INSTRUC	TIO	NS - Submit as outlined on the instr	uctions at: <u>Pro</u>	cess to Sub	mit Sa	bbatical A	<u>application</u>	
			document "Guidelines for a success						
			ments - all documents are require						
	Statement of purpose of the leave and a clear and detailed narrative description of the proposed project, including CSU resources, if any, necessary to carry it out and the potential benefit for the University.								
Copy of	Copy of prior sabbatical/DIP report. If no report, please explain:								
Current Curriculum Vitae. Highlight items that are new since last sabbatical (or since hire, if there is no prior sabbatical)									
must be	Per the Collective Bargaining Agreement, all additional work done during sabbatical or difference-in-pay leaves must be approved prior to the acceptance of a leave. Please fill out the <u>Additional Work Approval Form</u> if you anticipate completing outside work during your leave.								
Submit appli	cation by Sep	temk	per 15th.						
Applicant	Signature	:							



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Guidelines and Definitions

INFORMATION ABOUT THE USE OF THIS FORM

Eligible faculty shall use this form, together with attached proposal and other materials, to request a sabbatical leave.

SSU Sabbatical Policy

INSTRUCTIONS						
Submit the completed form and attachments by the announced deadline.						
Application Deadlines:						
September 15 th	Faculty submit completed and signed form, including all attachments.					
1	Please keep a signed copy for your records.					

EXPLANATION OF TERMS						
Bond, Promissory Note, or Statement of Assets	Required by Articles 27.9 and 28.11 of the collective bargaining agreement, the bond, note, or statement of assets provide confirmation that the faculty member will be able to repay salary in the event s/he chooses to leave the University without rendering the required period of service following return. The statement of assets, which has no cost associated with it, is the most commonly used method of providing this confirmation.					
Two-semester Sabbatical	Find your gross rate of pay on a recent pay stub; this will be listed as "gross rate," not "taxable gross." Divide your current gross rate of pay in half. Percentage-based deductions such as tax withholding and retirement contributions will also be cut in half; you may fall into a lower tax bracket, and tax withholding may be reduced even more than half. Fixed-amount deductions such as health insurance premiums will be unchanged. This rate of pay will apply over 12 months.					
Benefits						

One-semester (full pay) sabbaticals, benefits are not affected at all.

Two-semester (1/2 pay) Sabbaticals, some benefits continue unchanged, while others are affected:

University-paid medical, life, and disability benefits are unchanged: These include health, dental, and vision insurance, and/or FlexCash; university-paid life insurance; university-paid long-term disability insurance; and sick leave accrual.

Retirement-related benefits are affected in proportion to the pay received: Your Social Security contributions are a percentage of your monthly pay; when your pay is reduced, the Social Security contributions are reduced in proportion. Social Security averages earnings over so many years that this is unlikely to have much or any effect on most faculty, but you may wish to contact Social Security to confirm the impact.

More significantly, your service credit under PERS will be reduced in proportion to the pay received (for example, a two-semester Sabbatical at half-pay will result in the accrual of half a year of PERS service credit, rather than a full year). Service credit is one of the factors in the calculation of the PERS retirement allowance, so such a reduction can have a noticeable effect on the retirement allowance. It is possible to purchase the lost service credit after your return from leave.

COMPLETE FIELDS AS FOLLOWS				
Name	Name of Faculty applying for LOA			
Dept. Name	Main department of above Faculty			
Date of last sabbatical/ DIP	Date last sabbatical or DIP was taken, if applicable.			
	Instructional Faculty or Other in Academic Year Assignments (choose one)			
	One (1) semester at full pay, Indicate Semester and Year			
	Two (2) semesters at 1/2 pay, Indicate Academic Year			
Leave Request	Two (2) semesters at 1/2 pay, Indicate Semester and Years for AY overlap			
	Or Librarians in 12-Month Assignments (choose one)			
	Four (4) months at full pay, Indicate first day and last day of the four months			
	Eight (8) months at 1/2 pay, Indicate first and last day of the eight months			
Title of project	Indicate title of the project to be worked on during this sabbatical leave.			

QUESTIONS/CONTACT If you have any questions about completing this form, please contact Faculty Affairs.