

TO BE COMPLETED BY FACULTY

Name:		Dept. Name:	
Date of last sabbatical or DIP leave, if any:			
Leave Request: <i>(choose one)</i>			
Instructional Faculty or Other in Academic Year Assignments:	☐	One (1) semester	Semester: Year:
	☐	Two (2) semesters	Academic Year:
Librarians in 12-Month Assignments	☐	Four (4) months	Start: End:
	☐	Eight (8) months	Start: End:
Title of proposed project to be completed during DIP leave:			

REQUIRED DOCUMENTS AND CONFIRMATION

Pursuant to Article 28 of the collective bargaining agreement, I will indemnify the University against loss in the event of failure, through fault of my own, to fulfill in the following manner (choose one or more):	
☐	Promissory Note and/or,
☐	Statement of Assets with request to the president to waive the promissory note or bond, the value of which, or value in combination with a Note or Bond, 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, and/or,
☐	Bond of sufficient value for this purpose

Additional Required Attachments

☐	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 prior sabbatical/DIP report. <i>If no report, please explain:</i>
☐	Current curriculum vitae supplemented by information on the nature of past service to the University including teaching; committee assignments; artistic, professional and scholarly activities; creative and scholarly publications; grant proposals; curriculum development; and other activities which support the leave proposal.
☐	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 Additional Work Request Form if you anticipate completing outside work during your leave.

Submit this application form and all required documents via Google Drive by September 15. Incomplete applications will not be reviewed.

Applicant Signature:	Date:
-----------------------------	--------------

INFORMATION ABOUT THE USE OF THIS FORM

Eligible faculty shall use this form, together with the required documents, to request a difference in pay leave. Use the Required Documents and Confirmation section as a checklist of application materials to submit.

INSTRUCTIONS

Applications must include a detailed narrative of the proposal to be considered, otherwise the application is incomplete.

Application Deadline: September 15 th	Faculty submit completed and signed form, including all attachments, via Google Drive. Please keep a signed copy for your records.
---	---

[Read the SSU DIP leave policy.](#) [See link on the faculty affairs website.](#)

INFORMATION ABOUT INDEMNIFICATION, PAY, AND BENEFITS

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 provides 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.

Difference in Pay (DIP) Leave Pay:

The calculation is outlined in Article 28.3 of the collective bargaining agreement.

The salary for a DIP leave for a faculty unit employee shall be the difference between the faculty employee's salary and the minimum salary of the instructor rank. The salary for a DIP leave for a librarian employee shall be the difference between the librarian employee's salary and the minimum salary of the lowest comparable time-base librarian rank. The salary for a DIP leave for a counselor employee shall be the difference between the counselor employee's salary and the min. salary of the instructor rank at the comparable time-base.

For example, if the faculty employee's monthly salary is \$10,000 and if the minimum monthly salary is \$5,507, the difference in pay is \$4,493. The [CSU salary schedule](#) is used to determine the minimum salary based on the class/job code.

Contact the Office of Faculty Affairs & Success for assistance with a calculation.

Percentage-based deductions such as tax withholding and retirement contributions will be based on this reduced rate of pay; you may fall into a lower tax bracket, and tax withholding may be reduced. Fixed-amount deductions such as health insurance premiums will be unchanged. This reduced rate of pay will apply over six months for each semester of leave or for each of the months of leave for 12-month employees.

Benefits (see Benefit Summary document for additional information)

For difference in pay leaves, 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 proportionally. 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 40% rate pay will result in the accrual of 40% of PERS service credit for the term(s) of the leave). Service credit is one of the factors in the calculation of the PERS retirement allowance, therefore 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.
Please contact CalPERS at: <http://www.calpers.ca.gov/> for further information.

QUESTIONS/CONTACT

If you have any questions about completing this form, please contact facultyaffairs@sonoma.edu or 707-664-2192.