

SABBATICAL LEAVE REQUEST

Faculty Use Only

See page 2 for information and instructions

| TO I | BE COMPLETED B | ΥF | ACULTY | | | | | | | |
|--|---|-------|--------------------------------------|----------------|-------------|-------------|-------|--------------|-------|--|
| Name: | | | | | Dept. Name: | | | | | |
| Da | te of last sabbatica | ıl or | DIP leave, if any: | | | | | | | |
| Lea | ave Request: (choos | e on | ne) | | | | | | | |
| _ | structional | | One (1) semester at full pay | Semester: | | Year: | | | | |
| | culty or Other in ademic Year | | Two (2) semesters at 1/2 pay | Academic Year: | | | | | | |
| _ | ssignments: | | Two (2) semesters at 1/2 pay | Sem: | Year: | | S | Sem: | Year: | |
| Lik | brarians in 12- | | Four (4) months at full pay | Start: | Start: | | End: | | | |
| Мо | onth Assignments | | Eight (8) months at 1/2 pay | Start: | | End: | | | | |
| Tit | le of proposed pro | ject | to be completed during sabba | tical lea | ve: | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | • | | AND CONFIRMATION | 4 1 2 2 11 12 | | | • | •• | 4.1 | |
| Pursuant to Article 27 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 | | | | | | | | | |
| Sal | batical Guidelines C | onfi | irmation | | | | | | | |
| | I confirm I have caref | ully | read the "URTPS Sabbatical Guidel | ines" foun | d on 1 | the Faculty | Affai | irs website. | | |
| Ad | ditional Required Att | | | | | | | | | |
| | 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. 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) | | | | | | | | | |
| | 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 Request Form</u> if you anticipate completing outside work during your leave. | | | | | | | | | |
| Sub | omit this application for | m a | nd all required documents via Google | Drive by | Septe | mber 15th | | | | |
| Αp | Applicant Signature: Date: | | | | | | | | | |

INFORMATION ABOUT THE USE OF THIS FORM

Eligible faculty shall use this form, together with the required documents, to request a sabbatical 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 be considered, otherwise the application is incomplete. | | | | | | |
| Application Deadline: | Faculty submit completed and signed form, including all attachments, via Google Drive. | | | | | |
| September 15 th | Please keep a signed copy for your records. | | | | | |
| Read the SSU Sabbatical Policy and URTPS Sabbatical Guidelines. See links on the Faculty Affairs website. | | | | | | |

| INFORMATION ABOUT INDEMNIFICATION, PAY, AND BENEFITS | | | | | | |
|--|---|--|--|--|--|--|
| Bond, Promissory Note, or Statement of Assets | I SIGICITICITE DI GOSCIO DIUVIUCO CUITITITALIUTI LITAL INCLINUCI WIII DE GDIE LU ICDAV SAIATVIII | | | | | |
| Sabbatical Pay | | | | | | |
| One semester sabbatical pay | Pay during a one-semester sabbatical (or equivalent period for 12 month employees such as Librarians) is unchanged from the current rate of pay. | | | | | |
| Two semester sabbatical pay | 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 (see Benefit Summary document for additional information) | | | | | | |

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 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 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, 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.