



Additional Employment During Leave Request Form

PLEASE ATTACH A COPY OF THE APPROVED LEAVE PROPOSAL TO THIS FORM

Name	College	Department	Period and Type of Leave
Organization where additional employment is sought	Amount of time to be worked and amount of remuneration requested	Name of supervisor	Supervisor phone and email
Describe the specific activities for which you are requesting to be paid and address how the additional employment will impact the leave and its outcomes (attach additional pages if necessary)			
Describe any other pertinent information and/or conflicts that the additional employment may have with CSUF or other agencies (attach additional pages if necessary)			
Faculty Signature		Date	

Chair's Comments (attach additional pages if necessary)*		
Recommend (Yes or No)?	Chair's Signature (forward to Dean)	Date

Dean's Comments (attach additional pages if necessary)*		
Recommend (Yes or No)?	Dean's Signature (forward to FAR)	Date

Vice President's Comments (attach additional pages if necessary)*		
Recommend (Yes or No)?	Vice President's Signature	Date

*Guidelines for Sabbaticals can be found in [UPS 260.102](#)

*Guidelines for Difference-In-Pay Leaves can be found in [UPS 260.104](#)