Cal State Fullerton

Difference-in-Pay Leave Application

Applicants are urged to thoroughly read UPS 260.104 as well as Article 28 of the Unit 3 Collective Bargaining Agreement (CBA) prior to completing this application. An application consists of this form and supporting materials. The completed application must be submitted to Faculty Affairs and Records (in PLS-290 or FAR@fullerton.edu) by the annual deadline of **5:00pm October 15th** (or 5pm next business day if Oct 15 falls on a weekend).

Name		Term Requested		Date	
College	**Department**	**Rank**	**Last Previous Paid Leave Type**	**Last Previous Paid Leave Term and Year**	

Proposal Title

Proposal Description (75 word maximum)

Proposed Work Product (250 word maximum)

Will any CSU resources other than your salary be necessary to carry out this project? Yes No	If Yes, please specify:*
Do you have any financial interest involved with the project or enterprise you will undertake while on leave?	**Yes** (attach a Statement of Economic Interest to this application) **No**

*Note: Article 28.14 specifies that a faculty unit employee on leave with pay shall NOT accept outside employment without approval of the President. This application does NOT secure such approval.

According to the guidelines for professional leaves, an application shall consist of:
1) This application form
2) An application narrative that describes the project and includes the objectives and methods (not to exceed 5 pages)
3) A brief vita (not to exceed 2 pages)

I recognize that this leave, if granted, will be pursuant to Article 28 of the Collective Bargaining Agreement and UPS 260.104. I agree to abide by these terms should this application be approved.

If this leave is granted, I agree to return to the service of the California State University and render at least one term of service for each term of leave. Pursuant to the requirements of Article 28.11 of the Collective Bargaining Agreement, I agree to sign a promissory note (the value of which is at least equal to the amount of salary to be paid during the difference-in-pay leave) as evidence of my capacity to indemnify the State of California against loss in the event of failure to fulfill this agreement.

Note: Faculty approved for difference-in-pay leaves will be asked to submit a notarized promissory note after the Provost's decision has been announced. The State will pursue repayment should any employee fail to return service.

I declare under penalty of perjury that the portions of this application I have completed are true and correct.	
Signature	**Date**

After confirming the applicant's eligibility, FAR will forward this form, the application narrative, and the brief vita to the Department Chair for consideration by the Department Leaves Committee (see next page).

Recommendation of the Department Leaves Committee

DLC members to sign in alphabetical order:

1. _____

2. _____

3. _____

4. _____

5. _____

DLC Chair to Record Vote Tally and Date

Recommend DIP Leave (# votes)　　_____

DO NOT Recommend DIP Leave (# votes)　_____

Abstention (# votes)　　_____

Date:　_____

Please forward to Department Chair next

Department Chair Impact Statement

The proposed leave will **<u>not</u>** disrupt the continued and regular course offerings of the department.

The proposed leave will disrupt the continued and regular course offerings of the department.

The proposed leave will not adversely affect the quality of education offered in the department.

The proposed leave will adversely affect the quality of education offered in the department.

Department Chair Signature	**Date**
Comments	

Please forward to College Dean next

Recommendation of the Dean

Recommend DIP Leave

DO NOT Recommend DIP Leave

Dean Signature	**Date**
Comments	

Please forward to FAR next