



SACRAMENTO  
STATE

**SABBATICAL OR DIFFERENCE-IN-PAY LEAVE:  
REQUEST FOR ADDITIONAL OR OUTSIDE EMPLOYMENT**

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Complete the below request form and submit to your department for review.

Name: \_\_\_\_\_ EMPLID \_\_\_\_\_

College: \_\_\_\_\_ Department: \_\_\_\_\_

<b>Type of Leave</b>	<u>Sabbatical</u>	<u>Difference-in-Pay</u>
<b>Requested/Awarded:</b>	One Semester (full pay)	One Semester
	Two Semester/Academic Year (half pay)	Two Semester/Academic Year
		Other _____

**Period of Leave:**    Fall 20                  Spring 20                  Two Semesters/Academic Year \_\_\_\_\_

**In the space below, please describe the Additional or Outside Employment. Be sure to include the following items (attach additional page(s) if needed):**

Description of the work; Type/amount of compensation (if any); Where the work will be performed; Approximate duration of the work (ex: 10 hrs./week for 6 months); How the work affects the approved leave; How the leave project will be accomplished.

By signing below, I affirm the above information to be true:

\_\_\_\_\_  
Signature of Requester

\_\_\_\_\_  
Date

RECOMMENDATION OF DEPARTMENT CHAIR / DIRECTOR:

The applicant's Request for Additional or Outside Employment has been reviewed.  
I Recommend Approval I Do Not Recommend Approval

\_\_\_\_\_  
Department Chair / Director Signature Date

Comments:

RECOMMENDATION OF DEAN/ADMINISTRATOR:

The applicant's Request for Additional or Outside Employment along with the recommendation of the Department Chair/Director has been reviewed.  
I Recommend Approval I Do Not Recommend Approval

\_\_\_\_\_  
Dean / Administrator Signature Date

Comments:

► **Forward completed request with all signatures above to the Office of Faculty Advancement (OFA), [faculty.advancement@csus.edu](mailto:faculty.advancement@csus.edu), Sacramento Hall 155 or via campus mail to zip 6136. OFA will then forward requests to the Provost for review and will send notification of the decision.**

► *For questions, please contact the Office of Faculty Advancement at x82913.*

DECISION OF PROVOST (as President's Designee)

Approved Not Approved

\_\_\_\_\_  
Provost - Vice President for Academic Affairs Signature Date

Comments:

C: Dean  
Department Chair  
Personnel File