



SACRAMENTO
STATE

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

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

Name: _____ EMPLID _____

College: _____ Department: _____

**Type of Leave
Requested/Awarded:**

Sabbatical

One Semester (full pay)
Two Semester/Academic Year
(half pay)

Difference-in-Pay

One Semester
Two Semester/Academic Year
Other _____

Period of Leave: Fall 20 Spring 20 Two Semesters/Academic Year _____

Have you been approved for any other additional employment while on sabbatical? Yes No

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 Affairs (OFA), faculty.affairs@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 Affairs 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