



SACRAMENTO
STATE

DIFFERENCE IN PAY LEAVE REPORT

Faculty who take a Difference in Pay (DIP) leave are required to submit a leave report within one semester of their return (excluding summers). Late reports shall adversely subsequent DIP leave applications, and failure to provide an acceptable report could result in the denial of subsequent DIP leaves. Please keep a copy of your final report for your next leave application. For questions, please contact the Office of Faculty Affairs at 916-278-2913 or facultyaffairs@csus.edu.

DIP LEAVE POLICY: <https://www.csus.edu/umannual/acadaff/aca-0148.htm>

Add additional page(s) if necessary. Please do not include entire articles, papers, or other documents with this report

Name: _____

EMPLID: _____

College: _____

Department: _____

Period of Leave: Semester: Fall 20____ Spring 20____ Academic Year: 20____/20____ Other: _____

** Did you take on any additional employment while on DIP leave? Yes No
(If you marked yes, please attach your approved Additional Employment Form to this report.)

** During the period of the leave, did your DIP involve the substantive alteration of your original goals/objectives? Yes No

(If you marked yes, please summarize the alteration of your original goals/objectives in addition to describing specific goals accomplished in question 1 below.)

1. Summarizing your DIP goals/objectives (include abstract if part of your original proposal; otherwise, summarize in 150 words or fewer), what specific goals were accomplished during your leave? If submitting a late report, describe your DIP goals accomplished to date, indicating which are post-DIP accomplishments. Please include a full citation to any published product(s) or other dissemination resulting from your leave and/or URL to additional information as applicable.

2. What goals were partially achieved or not at all?

3. Taking your activities and accomplishments as a whole, what percentage do they represent of the initially stated goals you planned to achieve? Please explain.

4. What circumstances may have prevented you from realizing all of your stated goals?

5. Who and/or what are the beneficiaries of your DIP efforts?

By signing below, I certify everything provided in this report to be true.

Employee Signature: _____ Date: _____

► **Forward completed report and original DIP proposal to the Office of Faculty Affairs (OFA), facultyaffairs@csus.edu or via campus mail to zip 6136. OFA will then forward reports to your Departmental Committee (DC) for an initial review and recommendation, then to the Provost for final review and decision.**

DEPARTMENT COMMITTEE (DC) REVIEW AND RECOMMENDATION:

The DC has reviewed this report and determined that it is:

- A. Satisfactory and Timely
- B. Incomplete and Timely
- C. Unsatisfactory and Timely
- D. Satisfactory and Untimely
- E. Incomplete and Untimely
- F. Unsatisfactory and Untimely

Explanation of recommendation and steps/timeline required to complete report or bring to a satisfactory rating (if applicable):

DC Chair printed name: _____

DC Chair Signature: _____

Date: _____

PROVOST REVIEW AND FINAL DECISION (as President's Designee):

The report and the recommendation of the DC have been reviewed. It has been determined that the report is:

- A. Satisfactory and Timely
- B. Incomplete and Timely
- C. Unsatisfactory and Timely
- D. Satisfactory and Untimely
- E. Incomplete and Untimely
- F. Unsatisfactory and Untimely

Explanation of decision/or steps and timeline required to complete report or bring to a satisfactory rating (if applicable):

Provost and Vice President for
Academic Affairs

Signature

Date

FOR OFA USE ONLY:

Report Due: _____

Report Received by OFA: _____