

TO BE COMPLETED BY FACULTY

Name:	Dept. Name:
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Dates of Last Sabbatical or DIP: *(if applicable)*

Leave Request: *(choose one)*

Instructional Faculty or Other in Academic Year Assignments:	One (1) Semester	Semester:	Year:
	Two (2) Semesters	Academic Year:	
Librarians in 12-Month Assignments:	Four (4) Months	Start:	End:
	Eight (8) Months	Start:	End:

Title of proposed project to be completed during leave:

Pursuant to [Article 28](#) of the collective bargaining agreement, I will indemnify the University against loss in the event of failure, through fault of my own, to fulfill in the following manner: *(choose one)*

<input type="checkbox"/>	Promissory Note
<input type="checkbox"/>	Request the President waive the promissory note or bond. In its place, attached is a Statement of Assets , the value of which is in excess of the salary to be paid during leave, as evidence of my capacity to indemnify the State of California against loss in the case of failure of the fulfillment of this agreement.
<input type="checkbox"/>	Bond of sufficient value for this purpose.

Additional Required Attachments:

<input type="checkbox"/>	Statement of purpose of the leave and a clear and detailed description of the proposed project, including CSU resources, if any, necessary to carry it out and the potential benefit for the University.
<input type="checkbox"/>	Copy of prior sabbatical/DIP report: <i>If no report, explain:</i>
<input type="checkbox"/>	Current Curriculum Vitae supplemented by information on the nature of my past service to the University including teaching; committee assignments; artistic, professional and scholarly activities; creative and scholarly publications; grant proposals; curriculum development; and other activities which support the applicant's proposal for a difference of pay leave.

Submit application to facultyaffairs@sonoma.edu by September 15th.

Applicant Signature:	Date:
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TO BE COMPLETED BY DEPARTMENT CHAIR

<input type="checkbox"/>	Department Statement of Impact to curriculum and operations attached.
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Must be sent to Department RTP Committee by October 1st.

Department Chair Signature:	Date:
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TO BE COMPLETED BY CHAIR OF Department RTP COMMITTEE

Recommended	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
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Must be sent to Dean/Director by November 1st.

Department RTP Committee Chair Signature:	Date:
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TO BE COMPLETED BY DEAN/DIRECTOR

Recommended	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
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Must be sent to Faculty Affairs Office by December 1st.

Dean/Director Signature:	Date:
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INFORMATION ABOUT THE USE OF THIS FORM

Eligible faculty shall use this form, together with attached proposal and other materials, to request a DIP leave.

[SSU Difference in Pay Policy](#)

Calculation of the Difference in Pay leave is outlined in [Article 28.3](#) of the collective bargaining agreement:

The salary for a Difference in Pay leave for a faculty unit employee shall be the difference between the faculty employee's salary and the minimum salary of the instructor rank. The salary for a Difference in Pay leave for a librarian employee shall be the difference between the librarian employee's salary and the minimum salary of the lowest comparable time-base librarian rank. The salary for a Difference in Pay leave for a counselor employee shall be the difference between the counselor employee's salary and the minimum salary of the instructor rank at the comparable time-base.

Percentage-based deductions such as tax withholding and retirement contributions will be based on this reduced rate of pay; you may fall into a lower tax bracket, and tax withholding may be reduced. Fixed-amount deductions such as health insurance premiums will be unchanged. This reduced rate of pay will apply over six months for each semester of leave or for each of the months of leave for 12-month employees.

INSTRUCTIONS

Submit the completed form and attachments to facultyaffairs@sonoma.edu by the announced deadline.

Application Deadlines:

September 15 th	Faculty submit completed and signed form to Faculty Affairs, including all attachments.
November 1 st	Department RTP Chair submits approved and signed form to Dean
December 1 st	Dean submits final approval and signed form, with department input attached to FA

Please keep a signed copy for your records.

EXPLANATION OF TERMS

Bond, Promissory Note, or Statement of Assets	Required by Articles 27.9 and 28.11 of the collective bargaining agreement, the bond, note, or statement of assets provide confirmation that the faculty member will be able to repay salary in the event s/he chooses to leave the University without rendering the required period of service following return. The statement of assets, which has no cost associated with it, is the most commonly used method of providing this confirmation.
Benefits	For Difference in Pay leaves, some benefits continue unchanged, while others are affected: University-paid medical, life, and disability benefits are unchanged: These include health, dental, and vision insurance, and/or FlexCash; university-paid life insurance; university paid long-term disability insurance; and sick leave accrual. Retirement-related benefits are affected in proportion to the pay received: Your Social Security contributions are a percentage of your monthly pay; when your pay is reduced, the Social Security contributions are reduced in proportion. Social Security averages earnings over so many years that this is unlikely to have much or any effect on most faculty, but you may wish to contact Social Security to confirm the impact. More significantly, your service credit under PERS will be reduced in proportion to the pay received (for example, a two-semester Sabbatical at half-pay will result in the accrual of half a year of PERS service credit, rather than a full year). Service credit is one of the factors in the calculation of the PERS retirement allowance, so such a reduction can have a noticeable effect on the retirement allowance. It is possible to purchase the lost service credit after your return from leave.

COMPLETE FIELDS AS FOLLOWS

Name	Name of Faculty applying for LOA
Dept. Name	Main department of above Faculty
Date of last sabbatical/ DIP	Date last sabbatical or DIP was taken, if applicable.
Leave Request	Instructional Faculty or Other in Academic Year Assignments (choose one)
	One (1) Semester, Indicate semester and year
	Two (2) Semesters, Indicate Academic Year
	Librarians in 12-Month Assignments:
	Four (4) months, Indicate first day and last day of the four months
	Eight (8) months, Indicate first and last day of the eight months
Title of proposed project	Indicate title of the project to be worked on during this sabbatical leave.

QUESTIONS/CONTACT

If you have any questions about completing this form, please call Faculty Affairs at 664-2192 (CRS 877-735-2929 TTY)