Sabbatical/Difference-In-Pay Leave Report Form

Pursuant to university policy and consistent with the CSU/CFA Collective Bargaining Agreement (Articles 27.19 and 28.15), faculty members awarded paid professional leave shall provide verification that the conditions of the leave were met. Please fill out this form and attach it as a cover sheet to a written report of activities completed during the leave. This report must be submitted within one term after the return from a leave.

NAME _____ DATE _____

DEPARTMENT _____ RANK _____

TYPE OF PROFESSSIONAL LEAVE: ☐ SABBATICAL ☐ DIFFERENCE-IN-PAY

TERM (S) OF LEAVE: _____
Term(s) Year

TERM OF RETURN TO SERVICE: _____
Term Year

The report shall provide a statement of your professional activities during your professional leave. Please align your activities and outcomes with the objectives you stated in your leave application proposal. If your activities departed significantly from those for which your leave was granted, please indicate why this was so. As much as is appropriate, please organize your report according to the following outline.

I. ***STUDY or EXPERIENCE*** that led to increased mastery of the applicant's own field, or the development of an additional area of specialization within the applicant's field, or the development of a new field of specialization; or designed to improve teaching effectiveness; or designed to improve professional practice. Please provide dates and places wherever appropriate.

II. ***SCHOLARLY, RESEARCH, or CREATIVE PROJECT*** which may include: data collection and analysis; publications; manuscripts in preparation for publication; presentations given or prepared; consultations; review of books, papers or other scholarly work; grants and fellowships applied for or awarded. Please provide dates and places wherever appropriate.

III. ***PROFESSIONAL TRAVEL*** that developed knowledge, skill, or expertise in a discipline/field or area of specialization within a discipline/field. Example activities may include: professional conferences, colloquia, symposia and other meetings attended; and/or places visited to acquire or enhance professional knowledge/skills. Please give dates and places wherever appropriate.

IV. ***SUMMARY EVALUATION*** Please state the benefits which accrued to students; to the development of the profession or a discipline within the profession; to the University; to the CSU; and/or to the faculty member as a teacher, scholar, or professional practitioner as a result of your sabbatical leave.

_____ _____
SIGNATURE **DATE**

PLEASE ATTACH YOUR REPORT TO THIS FORM and email to:
Office of the Associate Vice President for Academic Affairs – Faculty Affairs at Facaffairs@calstatela.edu and cc: your Dean's Office. After review, a copy will be placed in your permanent personnel file.