

Name: _____	Date: _____
Department: _____	Faculty Status (check one): <input type="checkbox"/> Tenured <input type="checkbox"/> Probationary <input type="checkbox"/> Temporary
Signature: _____	

Period of Leave Requested:

- Academic Year _____
- Academic Term/Terms _____
- Amount of Leave
 - Full
 - Partial Specify Fraction of Leave (1/3, 2/3, etc.) _____

Type of Leave Requested:

- | | |
|---|--|
| <input type="checkbox"/> Personal <ul style="list-style-type: none"><input type="checkbox"/> Unpaid Sick Leave<input type="checkbox"/> Outside Employment (non-academic)<input type="checkbox"/> Maternity/Paternity Leave<input type="checkbox"/> Family Care<input type="checkbox"/> Other (specify) | <input type="checkbox"/> Professional <ul style="list-style-type: none"><input type="checkbox"/> Research<input type="checkbox"/> Advanced Study<input type="checkbox"/> Professional Development<input type="checkbox"/> Outside Employment (academic)<input type="checkbox"/> Other (specify) |
|---|--|

Purpose (Provide brief description and attach documentation if necessary):

Outside Employment (if applicable)

Employer _____

Name of Supervisor _____

Is appointment tenure-track? _____

Is appointment with tenure? _____

CSUSB reserves the right to contact outside employment supervisor.

Department Committee Comments

(Attach additional pages if more space needed)

Recommend

Do Not Recommend

Committee Chair's Signature (Please forward to Department Chair)

Department Chair Comments

(Attach additional pages if more space needed)

Recommend

Do Not Recommend

Department Chair's Signature (Please forward to School Dean)

School Dean's Comments

(Attach additional pages if more space needed)

Approve

Do Not Approve

*School Dean's Signature
(Please forward to Academic Personnel accompanied by signed letter of acceptance)*

Criteria for Approval of Professional Leaves of Absence Without Pay:

Purposes for which leaves typically would be approved include:

- ◆ To accept a limited term appointment or engage in a temporary activity that is of benefit to CSUSB and to the instructional faculty.
- ◆ To accept an administrative position at another institution when tenure is not awarded with appointment. Approval of such leave will not extend beyond two years.
- ◆ To permit instructional faculty an opportunity to apply their expertise to an area not normally within their assignment. The activity must be of benefit to CSUSB and to the department and be concurrent with the University's Mission and Goals.
- ◆ To assist the instructional faculty's department or school in meeting budgetary obligations.
- ◆ To establish, extend, or engage in activity of benefit to CSUSB or the department (i.e., a field-based experience).

Purposes for which leaves would normally NOT be approved:

- ◆ To accept a faculty or administrative position with tenure elsewhere.
- ◆ Cases that are not a benefit to CSUSB or are not concurrent with the University's Mission and Goals.
- ◆ When services of the instructional faculty are needed.