

Request for Sabbatical or DIP Leave Deferral

Please Note: *Sabbatical or Difference in Pay Leave (DIP Leave) deferrals may be considered at the Provost's discretion. Sabbatical/DIP deferral requests require an application to be submitted by the deferral deadline, including a justification for the request along with chair and dean recommendations for approval or denial. If a deferral request is denied, the faculty member may either take the original sabbatical/DIP as approved or submit a revised plan for the same semester(s) for review and approval. They may also withdraw from their sabbatical or DIP and resubmit a new application for a subsequent academic year. Due to logistics and financial considerations, granting deferrals for previously deferred sabbaticals/DIP leaves is unlikely and will be determined case-by-case.*

Deferral Request Deadlines:

- **April 1** for a leave originally scheduled during the Fall Semester or Academic Year
- **October 1** for a leave originally scheduled during the Spring Semester

Applicant Information

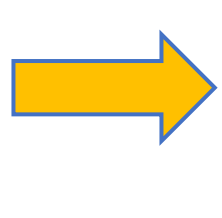
Name: _____

CSUN Employee ID: _____

Department: _____ College: _____

Type of Leave you were **ORIGINALLY** awarded:

- Regular One-Semester Sabbatical Academic Year Sabbatical DIP Leave

<p>When were you Originally Awarded your Sabbatical/DIP Leave?: Semester/Academic Year: (e.g., Fall 2024)</p> <p>_____</p>		<p>Requested Deferral Semester/Academic Year (e.g., Fall 2025)</p> <p>_____</p>
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Has your Sabbatical/DIP Leave been previously deferred?

- No**, not previously deferred. **Yes**, it was deferred TO (Semester/Year) _____

Reason for Deferral Request:

- Please **attach** an explanation for your request, preferably limited to one page.

Applicant Signature: _____ Date: _____

***Instructions to APPLICANT:** Please email your Department Chair/Director the Deferral Application Form and Reason for Deferral Request.*

Page 2 of 2: Recommendations

Department Chair/Director

- Recommended
- Not Recommended

Comments: _____

Print Name: _____ Signature: _____

Date: _____

***Instructions to DEPARTMENT CHAIR/DIRECTOR:** If approved, please email the Deferral Application Form and Reason for the Deferral Request to the Dean of your college.*

Dean

- Recommended
- Not Recommended

Comments: _____

Print Name: _____ Signature: _____

Date: _____

***Instructions to DEAN:** If approved, please email the Deferral Application Form and Reason for Deferral Request to Faculty Affairs (faculty.affairs@csun.edu).*

If approved, Faculty Affairs will forward to Provost:

Provost

- Recommended
- Not Recommended

Comments: _____

Provost Signature: _____ Date _____

*Distribution: Department, College, Faculty Affairs, Human Resources
Office of Faculty Affairs Email: faculty.affairs@csun.edu*