

**CALIFORNIA STATE POLYTECHNIC UNIVERSITY POMONA  
POLICY NUMBER: 1384**

**ACCEPTANCE OF PAID PROFESSIONAL LEAVE**

1. Name: \_\_\_\_\_

2. Department: \_\_\_\_\_

3. Type of Leave    \_\_\_ Sabbatical        \_\_\_ Difference-in-Pay

4. Period of Leave:    (check appropriate term[s])

\_\_\_ Fall    \_\_\_ Spring - \_\_\_\_\_ Academic Year

**I understand that this leave is granted pursuant to Articles 25, 27 and 28 of the Unit 3 Collective Bargaining Agreement. In accordance with the appropriate sections of the CBA and with University policy, I accept this leave and agree to the following conditions:**

A. \_\_\_\_\_ I will furnish the University a bond to indemnify the State of California against loss in the event that I do not return to render one semester of service in the California State University for each semester of leave. (CBA 27.9 and 28.11)

**OR**

B. \_\_\_\_\_ I request that the University waive said bond. I agree to return to the service of the CSU and to render one term of service for each term of leave after I have returned from the leave granted me. In support of this request, I submit the following list of assets (the value of which is in excess of that salary I will receive during the leave) as evidence of my capacity to indemnify the State of California against loss in the event that I fail, through fault of my own, to fulfill this agreement. (CBA 27.9 and 28.11)

**Description of Attachable Assets:**  
(For sabbatical leaves - do not include balance in PERS account asan attachable asset.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- C. Before the last day of instruction of the academic term I resume normal duties, I will submit to the Vice President for Academic Affairs via my department chair and the college dean, a report of the results of my activities during the leave. The purpose of the report is: a) to demonstrate that I have worked toward completion of the goals of my leave proposal and, therefore, that my activities were consistent with appropriate use of state funds, and b) to share the knowledge of my activities with the University community.
- D. During the leave period, I will not continue activities or assignments with any committee, task force, consortium, etc., at any level unless approved by the Professional Leave Committee and the Vice President for Academic Affairs.
- E. During the leave period, I will not accept additional and/or outside employment without prior approval of the Vice President for Academic Affairs. (CBA 27.18 and 28.14)
- F. During the leave period, I will file travel authorization paperwork for any travel related to my professional leave activities.

**NOTARIZATION REQUIRED**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_,  
*Signature of Recipient*

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

**(SEAL)**

**Signature** \_\_\_\_\_