

President's Signature:

**DIVISION OF ACADEMIC AFFAIRS OFFICE OF FACULTY AFFAIRS & DEVELOPMENT** 

1000 EAST VICTORIA STREET, WH B-368 CARSON, CALIFORNIA 90747

PHONE: (310) 243-3766

## ADDITIONAL/OUTSIDE EMPLOYMENT DURING LEAVE REQUEST FORM

## PLEASE ATTACH A COPY OF THE APPROVED LEAVE PROPOSAL TO THIS FORM

Applicants must submit the completed form to the Office of Faculty Affairs and Development. Please send the form directly to Mrs. Dianne Vogel at ddavila@csudh.edu.

Once approved, a copy of the completed form will be forwarded to the Department Chair/Unit Head and the Dean or Appropriate Administrator.

Additional Employment = any employment compensated by CSU, funded by the general fund or non-general funds including CSU auxiliaries, that is in addition to the primary or normal Employment of a faculty unit employee, (CBA Article 36). Outside Employment = other Employment, (CBA Article 35). Sabbatical Leave (CBA Section 27.8) Difference In Pay Leave (CBA Section 28.14) College: Name: Department: Period and Type of Leave: Organization where additional employment is sought: Amount of time to be worked and amount of remuneration requested: Supervisor phone and email: Name of supervisor: Describe the specific activities for which you are requesting to be paid and address how the additional/outside Employment will impact the leave and its outcomes (attach additional pages if necessary): Max characters 250 Describe any other pertinent information and/or conflicts that additional/outside Employment may have with CSUDH or other agencies (attach additional pages if necessary): Max characters 250 If CSU additional employment, does total workload exceed 125%? (CBA Section 36.4) Yes Nο Candidate Signature: Date: President's Comments (attach additional pages if necessary): Max characters 250 Recommend: Yes No

Date: