



Leave with Pay Bond/Waiver of Bond Form

I. As you were granted a leave with pay, you must either post a bond in the amount of the salary to be paid during the leave or be granted a waiver of the bond. Most faculty members request a waiver.

Please complete Item 1. Below. If you decide to furnish a bond (Option A), you will be required to do so through a private bonding agency prior to the start of your leave. You do not have to complete Item 2. If you request a waiver (Option B), you must complete Item 2. Description of Attachable Assets. This form must be notarized.

1. Bond/Waiver of Bond for leaves of absences with pay:

[] A. I will furnish the President a bond, pursuant to Articles 27 and 28 of the Unit 3 Agreement to indemnify the State of California against loss in the event I do not return to render one term of service in the California State University for each term of leave.

OR

[] B. I request waiver of said bond. I agree to return to the service of the California State University and render at least one term of service for each term following my return from the leave of absence granted me. In support of this request, and pursuant to Provisions 27.9 or 28.11 of the Unit 3 Agreement, I submit the following list of assets, the value of which is in excess of that salary to be paid to me during the leave, as evidence of my capacity to indemnify the State of California against loss in the event of failure, through fault of my own, to fulfill this agreement.

2. Description of Attachable Assets:

You may include savings or checking account balance (name of institution, account number and amount), equity of home (address and amount), real estate (address and amount), stocks, bonds (name of institution, account number, and amount), furniture (itemized list and monetary value), etc. Contributions to the Public Employees Retirement System cannot be attached by the University and do not constitute a suitable bond. Please be specific in describing the asset and the dollar value. Be certain that the total value of the assets described below are more than the salary you will receive during your leave of absence. Attach additional pages if necessary.

II. I certify the information provided is true and correct pursuant to Articles 27 or 28 of the Unit 3 Agreement, together with any amendments subsequently issued thereto.

Signature

Print Name

Date

Subscribed and sworn to before me this ___ day of ___, 20___ in and for the County of ___, State of California

Notary Public