

Plea	se check one:	Sabbatical Leave	Difference-In-Pay Leav	e	
PROMISSORY NOTE					
amo leav pay and	I,				
I further understand and agree that:					
I.	REPAYME	NT/INTEREST			
Repayment of the monies paid to me during my sabbatical leave shall be made in equal installments over a period of not more than three years at an interest rate of $\underline{10\%}$ which shall commence to run on the unpaid balance on the first day of the academic term in which I am scheduled by Employer to return to my duties with Employer. Payments shall be made monthly and shall first be applied against payment of interest and any excess applied against payment of principal.					
II.	CANCELLA	ATION			
My obligation to repay both principal and interest under this promissory note shall be extinguished if I return from my sabbatical leave or difference-in-pay leave and resume my duties with Employer in the academic term scheduled by my Employer and serve at least one academic term for each academic term of leave.					
Ш.	COLLECTI	ON COSTS			
I further agree to pay all collection costs including court costs and attorney fees which are incurred for the collection of any amount not paid when due.					
IV.	DEFAULT A	AND ACCELERATION			
(1)		fail to pay any installment when due the entire unpaid indebtedness, including interest, shall, at the option of Employer, become immediately due and payable. Therefore, interest shall continue to accrue on the entire aid balance.			
(2)		derstand that if I am delinquent in my repayments, the Employer will disclose that I have defaulted, along with er relevant information, to credit bureau organizations.			
(3)	I understand that is to obtain all or any is delinquent.	nderstand that if I am delinquent on any repayment, pursuant to California law the Employer will have the right obtain all or any portion of any monies due me from the State of California as payment towards the amount that delinquent.			
V.	LAW OF CA	ALIFORNIA			
The law of California shall govern the interpretation of this promissory note.					
By	signing below I man	nifest my acceptance and	agreement to all of the foregoing	g terms and conditions.	
Signature Date					
Full Name (please print)Permanent Address					
ren	nanem Address		City	Zip	
University Address (Department)			Exten	ded Zip	

Please return to: Faculty Affairs Office – ADM 150 (0021)