







## Human Resources Leave of Absence (LOA) Application

### Family and Medical Leave (FMLA), California Family Rights Act Leave (CFRA) Pregnancy Disability Leave (PDL), and any other extended leave

### Leave of Absence Schedule

Is this a <b>revised</b> Leave of Absence Schedule for an active leave?		Yes		No
Is this an irregular intermittent leave?		Yes		No
<i>Note: This form may not be applicable for irregular intermittent leaves</i>				
<b>My work schedule each pay period is (hours per day):</b>	<b>Anticipated return to work:</b> _____			
S= M= T= W= Th= F= S=				
S= M= T= W= Th= F= S=	<b>Indicate accrual balances as of:</b>  SIC: ____ VAC: ____ EXEC: ____ COMP: ____ PER: ____			
<b>I am regularly scheduled to work _____ hours per week</b>				

**Instructions:**

Print or type clearly. Use as many sheets as necessary to plan the entire duration of your leave. Contact your department timekeeper for assistance completing these forms.

I understand that the following is my request for the use of paid or unpaid time during my leave, in accordance with the [City's Leave Policy](#). I must submit a revised Leave of Absence Schedule prior to the pay period during which a change occurs. If I submit paid time which differs from the Leave of Absence Schedule and/or the City's Leave Policy, that paid time may not be paid.

Pay Period#		from	through			LTD Claim Period			
	Regular	Paid Parental	Sick	Personal OR Executive	Vacation	Comp	Holiday	Military	Lost Time
# of Hours									
F- Protected U-Unprotected		-----	U   F	U   F	U   F	U   F	-----	U   F	U   F
Pay Period#		from	through			LTD Claim Period			
	Regular	Paid Parental	Sick	Personal OR Executive	Vacation	Comp	Holiday	Military	Lost Time
# of Hours									
F- Protected U-Unprotected		-----	U   F	U   F	U   F	U   F	-----	U   F	U   F
Pay Period#		from	through			LTD Claim Period			
	Regular	Paid Parental	Sick	Personal OR Executive	Vacation	Comp	Holiday	Military	Lost Time
# of Hours									
F- Protected U-Unprotected		-----	U   F	U   F	U   F	U   F	-----	U   F	U   F
Pay Period#		from	through			LTD Claim Period			
	Regular	Paid Parental	Sick	Personal OR Executive	Vacation	Comp	Holiday	Military	Lost Time
# of Hours									
F- Protected U-Unprotected		-----	U   F	U   F	U   F	U   F	-----	U   F	U   F
Pay Period#		from	through			LTD Claim Period			
	Regular	Paid Parental	Sick	Personal OR Executive	Vacation	Comp	Holiday	Military	Lost Time
# of Hours									
F- Protected U-Unprotected		-----	U   F	U   F	U   F	U   F	-----	U   F	U   F



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	Regular	Paid Parental	Sick	Personal OR Executive	Vacation	Comp	Holiday	Military	Lost Time	
# of Hours										
F- Protected U-Unprotected	-----	U   F	U   F	U   F	U   F	U   F	-----	U   F	U   F	
Pay Period#		from	_____		through	_____				LTD Claim Period
	Regular	Paid Parental	Sick	Personal OR Executive	Vacation	Comp	Holiday	Military	Lost Time	
# of Hours										
F- Protected U-Unprotected	-----	U   F	U   F	U   F	U   F	U   F	-----	U   F	U   F	
Pay Period#		from	_____		through	_____				LTD Claim Period
	Regular	Paid Parental	Sick	Personal OR Executive	Vacation	Comp	Holiday	Military	Lost Time	
# of Hours										
F- Protected U-Unprotected	-----	U   F	U   F	U   F	U   F	U   F	-----	U   F	U   F	
Pay Period#		from	_____		through	_____				LTD Claim Period
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# of Hours										
F- Protected U-Unprotected	-----	U   F	U   F	U   F	U   F	U   F	-----	U   F	U   F	
Pay Period#		from	_____		through	_____				LTD Claim Period
	Regular	Paid Parental	Sick	Personal OR Executive	Vacation	Comp	Holiday	Military	Lost Time	
# of Hours										
F- Protected U-Unprotected	-----	U   F	U   F	U   F	U   F	U   F	-----	U   F	U   F	

<b>Employee Signature:</b>	<b>Print Name:</b>	<b>Date:</b>
<b>Timekeeper Signature:</b>	<b>Print Name:</b>	<b>Date:</b>

**Notes:**



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**Continuation of Benefits Election Form**

**Instructions:**

1. Print or type clearly.
2. Include this form with your leave application and submit your completed request to: Human Resources-Employee Benefits, 4th Floor, City Hall, Fax: (408) 999-0862, or E-mail: [HRBenefits@sanjoseca.gov](mailto:HRBenefits@sanjoseca.gov).
3. If your leave is unpaid and you choose to continue any benefits, HR will send you a Continuation of Benefits Statement outlining amounts due while you are on leave. It is your responsibility to ensure you maintain payments. If this form is not completed upon submission of this application and you are on a protected leave, the City will default to Option 1A and the City will pursue all available remedies if payments are not made.
4. If the leave is/becomes unpaid and not qualified for FMLA, CFRA or PDL, the employee will be contacted by Human Resources regarding continuation options. Employees on unpaid unprotected leave will be responsible for paying both the employee and City premium costs for benefits. Health Insurance may be continued through COBRA and subject to 2% administrative fee. Life Insurance, Long-Term Disability, and AD&D insurance can be continued based on corresponding policies.
5. If you intend to lapse coverage any coverage, you must notify HR regarding reinstatement of benefits within 30 days of returning to paid status.

<b>Employee Name</b>	<b>Employee ID</b>
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**Please choose Option 1 (indicate A or B) or Option 2:**

**OPTION 1:**

I elect to continue the following benefits during any unpaid periods of my Leave of Absence. I understand that I am responsible for making timely premium payments and if the payment is more than thirty (30) days late, my health and insurance benefits may be dropped for the duration of the leave.

By selecting this option, Human Resources will maintain your eligibility for benefits coverage, and your benefits will remain active through the duration of your absence, contingent upon payment of your premium contributions. You will be responsible for paying the employee portion of the premium while on a unpaid protected leave of absence, and for paying the full premium (employee and City) while on an unpaid unprotected leave of absence. You will need to make arrangements with Human Resources and/or the City's COBRA administrator, to remit premiums to continue your benefits. **The City will pursue all available remedies if this option is elected and premium payments are not made.**

**Choose one:**

**OPTION A:** I wish to continue ALL available benefit programs in which I am enrolled

**OPTION B:** I wish to continue the following benefits programs: (Check only benefits programs you wish to continue.)

Medical	Dental	Vision
Long-Term Disability (LTD)**	Life Insurance***	EAP      Cigna AD&D

**OPTION 2:**

I elect to allow **ALL** of my benefits to lapse during the unpaid period of my Leave of Absence.

By selecting this option, Human Resources will terminate your eligibility for benefits coverage at the end of the month in which you stop receiving a paycheck paid through the City's payroll system. You are responsible for ensuring your benefit premiums are paid for the entire month. Please note, frequently employees on unpaid leave will owe premiums for the second half of the month in which they begin leave. Once your benefits have terminated, they will remain terminated until the first of the month following your return to work. Once benefit coverage has lapsed, you will not be able to re-activate coverage until you return to work in a paid status.

\*\*LTD continuation is based on leave reason and claim status. Unless on an active LTD claim, LTD can only be continued while on protected leave or for up to 90 days for non-FMLA, CFRA, PDL leaves. Options for continuation and terms of reinstatement will be outlined in a letter from Human Resources. In some cases, there will be no automatic reinstatement of original coverage/rates when you return to active City service and you may be subject to medical underwriting if your coverage is lapsed and wish to re-apply for the LTD Benefit.

\*\*\*Supplemental Life Insurance may be waived while on an approved leave; however, you must reinstate coverage within 30 days of your return in order to be guaranteed reinstatement to the original coverage amount.

<b>Employee Signature</b>	<b>Date</b>
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