

## Leave of Absence Request Form

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### What is a Leave of Absence?

We understand that "life happens" and employees may need to take time off work. Anytime an employee requires 2 or more weeks off a "qualifying reason" or 2 or more weeks of unpaid time, the City requires employees to submit a Leave of Absence Form.

There are several "qualifying events", but the most common reasons employees request a leave of absence are the following:

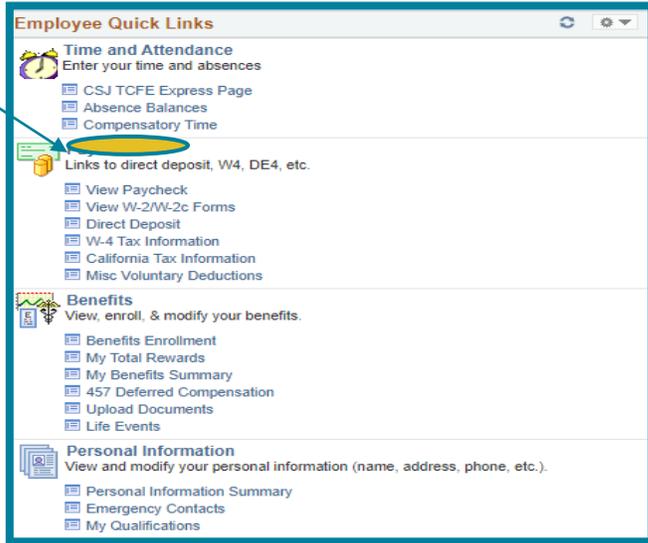
- Births (Disability and Bonding Time)
- Births, Adoptions, Child Placements (Bonding time)
- Employee's Own Injury or Illness, including Worker's Comp injuries
- Family Member's Injury or Illness\*
  - *Eligible family members include Spouse/Domestic Partner, Children (any age), Parent/Parent In -law, Sibling, Grandparent, Grandchild.*
- Military Leave\*\*

*\*\*Please contact Human Resources at [HRBenefits@sanjoseca.gov](mailto:HRBenefits@sanjoseca.gov) for assistance if you require time off for active or inactive Military duty.*

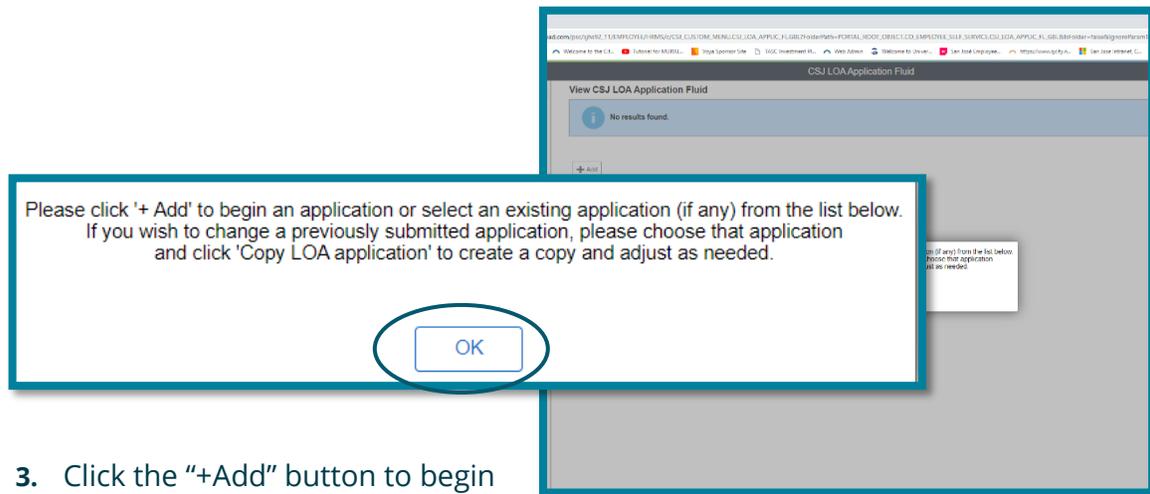
## How Do I submit a Leave of Absence Request Form?

1. First, log in to [eWay](#)  
Then, go to the **"Time and Attendance"** section under **"Employee Quick Links"** or **Main Menu->Self Service->Leave of Absence Request**.

Click the **"Leave of Absence Request"** link to get started.

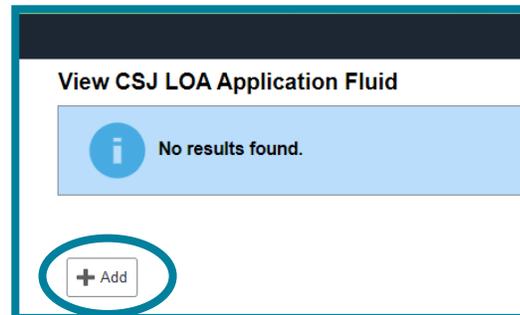


2. You will be taken to a page that with a pop-up message with instructions. Read, then **click OK**.

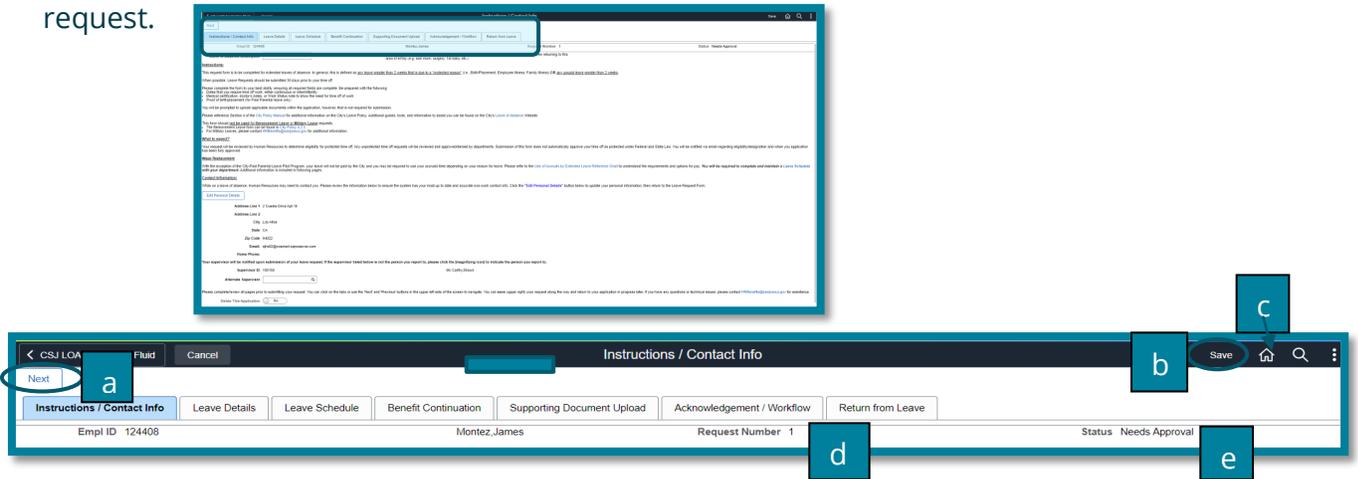


3. Click the **"+Add"** button to begin a new request.

*\*For the purposes of this guided example, we will be reporting a **NEW** Leave of Absence Request Form. See the [Leave of Absence Change or Extension Guide](#) for changing or extending a previously approved/current Leave of Absence Request.*



4. After clicking the “+Add”, you will be directed to a page with multiple tabs/pages of the request.



Prior to starting your application, please review the key functionality areas highlighted above:

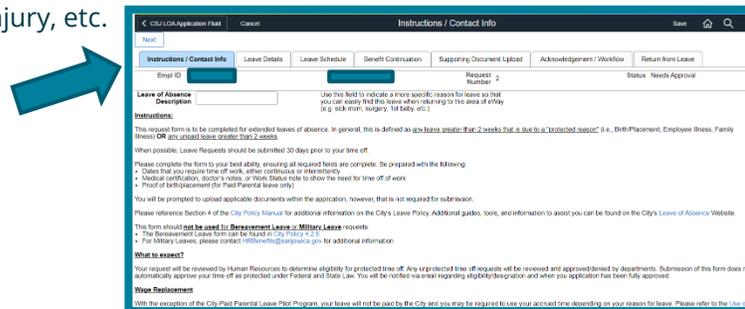
- Next/Previous:** Click on the tabs or use the 'Next' and 'Previous' buttons in the upper left side of the screen to navigate or simply click the next tab/page.
- Save:** Save your request along the way and return to complete your request later.
- Home:** Takes you back to the home page of eWay
- Request Number:** eWay will auto-assign a Request Number to each Leave of Absence Request Form submitted.
- Status:** This indicates what stage of submission and approval your leave is in.
  - Needs Approval: Not yet submitted for review
  - In Progress: Submitted, but not fully approved
  - All Approved: 100% approved
  - Denied: Denied

The following steps will provide an overview of each tab.

## Instructions/Contact Info

This tab contains the instructions for completing your LOA Request and prompts you to verify your contact information and supervisor and make any necessary updates.

5. Begin by entering a “Leave of Absence Description”. This is not a required field; it simply provides an opportunity to “name” your leave so it is easy to identify in the future. i.e. First Baby, Ill Mother, Work Injury, etc.



- Review your Contact Information to see if any changes are needed. For example, if your work email address is your preferred email address, you may want to designate your personal email address as the “Preferred” email address in case you cannot access your City email while on leave.

**Contact Information:**  
While on a leave of absence, Human Resources may need to contact you. Please review the information below to ensure the system has your most up to date and accurate non-work contact info. Click the “[Edit Personal Details](#)” button below to update your personal information, then return to the Leave Request Form.

[Edit Personal Details](#)

Address Line 1 [REDACTED]  
Address Line 2 [REDACTED]  
City San Jose  
State CA  
Zip Code 95138  
Email: sjhs92@noemail-csjnoserver.com  
Home Phone:

If Personal Details require updating, click “Edit Personal Details”. You will see a new “Personal Information Summary” open in eWay. Click on the applicable button to change or update preferred contact information, such as “Change Email Address”. [Change Email Addresses](#) After saving each change, return to the Leave of Absence Request window to continue.

- If the supervisor listed is accurate, no action needed. If the supervisor you report to is not listed, click the magnifying glass icon to search and for your supervisor. Expand Search Criteria, then search by name.

Your supervisor will be notified upon submission of your leave request. If the supervisor listed below is not the person you report to, please click the [magnifying icon] to indicate the person you report to.

Supervisor ID [REDACTED]

Alternate Supervisor [REDACTED]

Search for: Alternate Supervisor  
Search Criteria  
Search Results

| Empl ID | Name |
|---------|------|
|         |      |

Lookup  
Search for: Alternate Supervisor  
Search Criteria  
Empl ID  
Name (page with)  
Last Name (page with)  
First Name (page with)  
Second Last Name (page with)  
Alternate Character Name (page with)  
Campus ID (page with)  
Search Clear

Once the accurate person shows, click on the row that contains your alternate supervisor information and it will be added to your application.

- Click “Next” at top left to proceed to the next tab, “Leave Details”.

## Leave Details

On this tab, you indicate the reason for your extended absence and the approximate dates you will be off. This tab also provides you an opportunity to indicate if you will be off work completely (continuously) or if you will continue working some amount and taking time off periodically or as needed (intermittent).

### 9. Click the dropdown for “Leave of Absence Reason”

and click on the reason that most closely matches your need for time off:

- Family Member injury/illness
- My own injury/illness
- Other
- Pregnancy or child placement

The options/fields will change based on your leave reason. *For example, if you select “Pregnancy or child placement,” the options for entering the family member for the leave reason “Caring For” (Ill Family Member) will disappear.*

## Refer to the applicable section based on your leave reason:

### Pregnancy or Child Placement

#### a) Click the dropdown to select “Leave Type”:

- I am pregnant
- I/we are adopting
- I/we are fostering
- I/we had child within 12 months
- My spouse/partner is pregnant

#### b) Enter the estimated or actual due date/placement date. You can either type in a date or click on the calendar to select.

c) Use the table below to **enter the dates of leave**.

- **Enter the “LOA From Date”**. This is the first day that you missed work or will be off work (or unavailable to be called in for certain positions).
- **Enter the “LOA To Date”**. This is the last day that you will be off work (or unavailable to be called in for certain positions).

Add additional rows to show planned intermittent leave periods.

|   | LOA From Date ▾      | LOA To Date ▾        | Absence Reason Code ▾        | Intermittent/Reduced Schedule? ▾ |     |
|---|----------------------|----------------------|------------------------------|----------------------------------|-----|
| 1 | <input type="text"/> | <input type="text"/> | Bonding                      | <input type="radio"/> No         | + - |
| 2 | <input type="text"/> | <input type="text"/> | Sick time to care for family | <input type="radio"/> No         | + - |

**Use the “Absence Reason Code” to indicate the related absence reason as applicable.** For example, if you chose “I am Pregnant” or “My spouse/partner is pregnant,” indicate the period of disability based on your or your family member’s medical note, then enter the time frame following disability in which you will be bonding with a new child.

This helps employees and City staff understand what paid leave to use for specific periods of time. See the [Use of Accruals by Extended Leave Reference Chart](#) for information on what paid leave employees are allowed to use during different types of leave.

If your required time will be **unplanned or reduced schedule** over a period of time, **indicate “Yes” for the Intermittent/Reduced Schedule**. Examples may include:

- *Pregnant employee who normally works 40 hours per week is ordered by doctor to work no more than 30 hours per week (or no more than 6 hours per day).*
- *Employee needs every Tuesday and Thursday off for 4 weeks to care for your spouse who delivered via c-section.*

d) Click **“Next”** at top left to proceed to the next tab, “Leave Schedule”.

## Your (My) own injury/illness

a) Click the dropdown to select **“Leave Type”**.

Choices are:

- Not Work Related
- Work Related (i.e. Workers Comp)

b) Use the table to **enter the dates of leave**.

**Leave of Absence Information:**

Please indicate the reason for your leave below.

Leave of Absence Reason:

Leave Type:

**Leave Dates:**

Please indicate the dates you will require time off for the reason indicated above.

If your leave requires multiple periods of time, you can indicate each period by adding rows using the "+" If you are unaware of the specific dates or your leave is a reduced schedule, please indicate the span of time in which you will have periods of time off and mark that time "Intermittent/Reduced Schedule".

|   | LOA From Date ▾ | LOA To Date ▾ | Intermittent/Reduced Schedule? ▾     |     |
|---|-----------------|---------------|--------------------------------------|-----|
| 1 | 06/06/2022      | 09/06/2023    | <input checked="" type="radio"/> Yes | + - |

If your dates change after submitting the request, you can make a copy of this request on the Instructions tab, make changes to the copied application, and restart the approval process.

**Enter the “LOA From Date”.** This is the first day that you missed work or will be off work (or unavailable to be called in for certain positions).

**Enter the “LOA To Date”.** This is the last day that you will be off work (or unavailable to be called in for certain positions).

If you will be **off work completely and continuously** between the LOA From Date and the LOA To Date, keep the **“Intermittent/Reduced Schedule?” option as “No”.**

If you will be **working reduced hours or intermittent schedule** per your doctor’s orders, **change the “Intermittent/Reduced Schedule?” option to “Yes”.** Examples of intermittent include:

- *Doctor orders that you work no more than 4 hours per day while undergoing medical treatments.*
- *A long-term medical condition that causes episodes or requires treatments that do not happen on a regular or predictable schedule where you are unable to perform one or more of your essential job duties.*

c) Click **“Next”** at top left to proceed to the next tab, “Leave Schedule”.

## Family Member injury/illness

### Other Reasons

## Leave Schedule

On this tab you will familiarize yourself with what types of pay may be available during your time off. You will also find a link to a fillable **“[Leave Schedule](#)”** that **you must complete** so you and your department agree on what time reporting codes to use in your timecard while you are on leave.

**10. Read all information on this page carefully, including clicking on links for reference.**

The screenshot shows the 'Leave Schedule' form interface. At the top, there are navigation buttons for 'Previous' and 'Next'. Below that are tabs for 'Instructions / Contact Info', 'Leave Details', 'Leave Schedule' (which is active), 'Benefit Continuation', 'Supporting Document Upload', 'Acknowledgement / Workflow', and 'Return from Leave'. The form displays 'Empl ID' (redacted), 'Request Number 2', and 'Status: Needs Approval'. The main content area contains instructions and a link to 'LEAVE SCHEDULE'. A blue arrow points to this link. A blue bracket on the left side of the page groups the 'Leave Schedule' section with the 'Family Member injury/illness' and 'Other Reasons' sections.

## ● [Overview of links for Reference and Planning](#)

- a. "Absence Balances": View sick, vacation, and personal/executive leave balances.
- b. "Comp Time Balances": If you are eligible, to view your current balances.

*The totals will reflect the hours available as of your most recent paycheck (if you have requested time off for next payday, those hours have not yet been subtracted from the total).*

- c. [Use of Paid Leave Accruals Reference Chart](#): Outlines what paid leave employees are required and/or permitted to use while on leave.
- d. Long-term Disability (LTD): If you are taking time off for your own pregnancy or serious medical condition and have the City's LTD, you may consider filing a LTD claim.
  - To check if you are enrolled in a City LTD plan, go to the "Benefit Continuation" tab of the LOA Request. If your Long-Term Disability indicator is in the "Yes" position, you have a City LTD plan. 
  - Employees not enrolled in an LTD plan will not be eligible to file an LTD claim or receive LTD pay.
  - Check the "LTD Claim Period" box on the leave schedule for any pay periods that you expect to receive LTD pay (after your 30- or 60-day waiting period has completed).

**11. Open and save the "[Leave Schedule](#)";** a fillable pdf form that you are required to complete with an estimate of how many and what type of hours you will use each pay period of your leave. Further instructions are within the [Leave Schedule](#) form itself. (Note: This form may not be required for leaves that require you to take time off on an unpredictable or "as needed" basis).

*If you need assistance in determining your accrual balances or in filling out the leave schedule, contact your department's timekeeper.*

**12. Upload the completed [Leave Schedule](#)** in the "Supporting Document Upload" Tab of the LOA Request **or e-mail your completed Leave Schedule to your department timekeeper.**

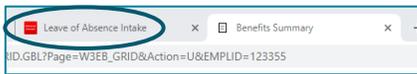
**13. Click "Next"** at top left to proceed to the next tab "Benefit Continuation".

## Benefit Continuation

On this tab you will let HR know which benefits (if any) you want to continue while you are not receiving a City paycheck so that we can bill you appropriately. If you will be unpaid (receive no City paycheck) for one or more pay periods, your benefit premiums will not be deducted, and HR will send you a bill for any amount you owe.

## Overview of links for Reference and Planning

- Click on **“Benefit Summary”** to verify your current benefit enrollment. A new window will open. After review, return to the Leave of Absence Request Form.



- Click on **“Paycheck in eWay”** to open a recent paycheck and review the benefit premium costs per pay period. Click on **“View Paycheck”** for the check date that you wish to review. (Note: If a month has three check dates, do not click on the third check date of the month as most benefit premiums are only deducted in the first and second paychecks each month). A copy of your paycheck will open.

| Type of Benefit             | Plan Description               | Coverage or Participation |
|-----------------------------|--------------------------------|---------------------------|
| Medical                     | Kaiser HMO \$25 Copay          | Employee Only             |
| Dental                      | Delta Dental/PPO               | Employee Only             |
| Vision                      | VSP Choice w/City Contribution | Employee Only             |
| Wellness                    |                                | Waived                    |
| Union Trust Plans           | MEF/CEO Trust Plan (Legal)     | Employee Only             |
| Employee Assistance Program | EAP (Non-Sworn)                | Employee Only             |
| Basic Life                  | Basic Life                     | \$20,000                  |
| AD and D                    |                                | Waived                    |
| Long Term Disability (LTD)  | LTD-60                         | 66.667% of Salary         |

| Check Date | Description | View Paycheck                 | Company          | Pay Begin Date |
|------------|-------------|-------------------------------|------------------|----------------|
| 06/17/2022 |             | <a href="#">View Paycheck</a> | City of San Jose | 05/29/2022     |
| 06/03/2022 |             | <a href="#">View Paycheck</a> | City of San Jose | 05/15/2022     |
| 05/20/2022 |             | <a href="#">View Paycheck</a> | City of San Jose | 05/01/2022     |



## Supporting Document Upload

On this tab, you have the opportunity to upload any required document(s).

If your leave requires a medical certification, you may use a form or letter provided by your/your family member's doctor or the City's standard [Leave of Absence Medical Certification](#).

If you have completed the [Leave Schedule](#), you may upload it here as well and HR will ensure your department receives it.

**16. If you have the required document(s) available now, save a copy to your computer and upload.** If you do not have the document(s) available, you can return to eWay to upload the documents within the required 15 days or e-mail to [HRBenefits@sanjoseca.gov](mailto:HRBenefits@sanjoseca.gov).

For additional instructions for document upload, refer to the [Document Upload Guide](#).

## Acknowledgment/Workflow

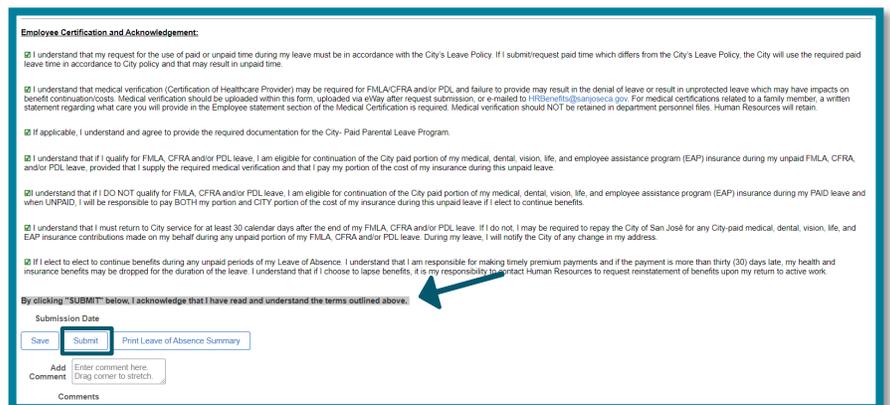
On this tab, you are provided with reminders of your responsibilities while on leave.

**17. Read through each of the "Employee Certification and Acknowledgment" items carefully.**

**18. If you want to add a comment, click in the "Add Comment" box and type your comment, then click "Save". Drag bottom right corner to expand the comment area.**

**19. Once you have read all items and added any comments, click "Submit".**

**20. Click OK.**



**Employee Certification and Acknowledgment:**

I understand that my request for the use of paid or unpaid time during my leave must be in accordance with the City's Leave Policy. If I submit requested paid time which differs from the City's Leave Policy, the City will use the required paid leave time in accordance with City policy and that may result in unpaid time.

I understand that medical verification (Certification of Healthcare Provider) may be required for FMLA/CFRA and/or PDL, and failure to provide may result in the denial of leave or result in unprotected leave which may have impacts on benefit contributions. Medical verification should be uploaded within this form, uploaded via eWay after request submission, or e-mailed to [HRBenefits@sanjoseca.gov](mailto:HRBenefits@sanjoseca.gov). For medical certifications related to a family member, a written statement regarding what care you will provide in the Employee statement section of the Medical Certification is required. Medical verification should NOT be retained in department personnel files. Human Resources will retain.

If applicable, I understand and agree to provide the required documentation for the City- Paid Parental Leave Program.

I understand that if I qualify for FMLA, CFRA and/or PDL leave, I am eligible for continuation of the City paid portion of my medical, dental, vision, life, and employee assistance program (EAP) insurance during my unpaid FMLA, CFRA, and/or PDL leave, provided that I supply the required medical verification and that I pay my portion of the cost of my insurance during this unpaid leave.

I understand that if I DO NOT qualify for FMLA, CFRA and/or PDL leave, I am eligible for continuation of the City paid portion of my medical, dental, vision, life, and employee assistance program (EAP) insurance during my PAID leave and when UNPAID, I will be responsible to pay BOTH my portion and CITY portion of the cost of my insurance during this unpaid leave if I elect to continue benefits.

I understand that I must return to City service for at least 30 calendar days after the end of my FMLA, CFRA and/or PDL leave. If I do not, I may be required to repay the City of San José for any City-paid medical, dental, vision, life, and EAP insurance contributions made on my behalf during any unpaid portion of my FMLA, CFRA and/or PDL leave. During my leave, I will notify the City of any change in my address.

If I elect to elect to continue 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. I understand that if I choose to lapse benefits, it is my responsibility to contact Human Resources to request reinstatement of benefits upon my return to active work.

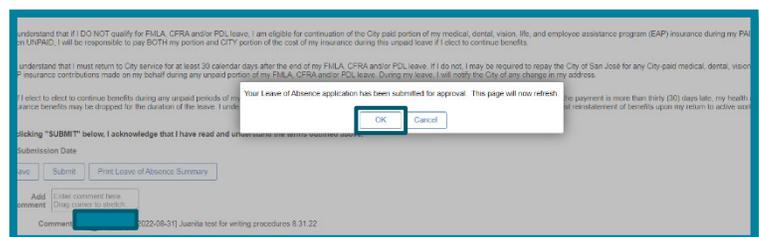
By clicking "SUBMIT" below, I acknowledge that I have read and understand the terms outlined above.

Submission Date

Save Submit Print Leave of Absence Summary

Add Comment Enter comment here. Drag corner to stretch.

Comments



I understand that if I DO NOT qualify for FMLA, CFRA and/or PDL leave, I am eligible for continuation of the City paid portion of my medical, dental, vision, life, and employee assistance program (EAP) insurance during my PAID leave and when UNPAID, I will be responsible to pay BOTH my portion and CITY portion of the cost of my insurance during this unpaid leave if I elect to continue benefits.

I understand that I must return to City service for at least 30 calendar days after the end of my FMLA, CFRA and/or PDL leave. If I do not, I may be required to repay the City of San José for any City-paid medical, dental, vision, life, and EAP insurance contributions made on my behalf during any unpaid portion of my FMLA, CFRA and/or PDL leave. During my leave, I will notify the City of any change in my address.

If I elect to elect to continue 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. I understand that if I choose to lapse benefits, it is my responsibility to contact Human Resources to request reinstatement of benefits upon my return to active work.

Your Leave of Absence application has been submitted for approval. This page will now refresh.

OK Cancel

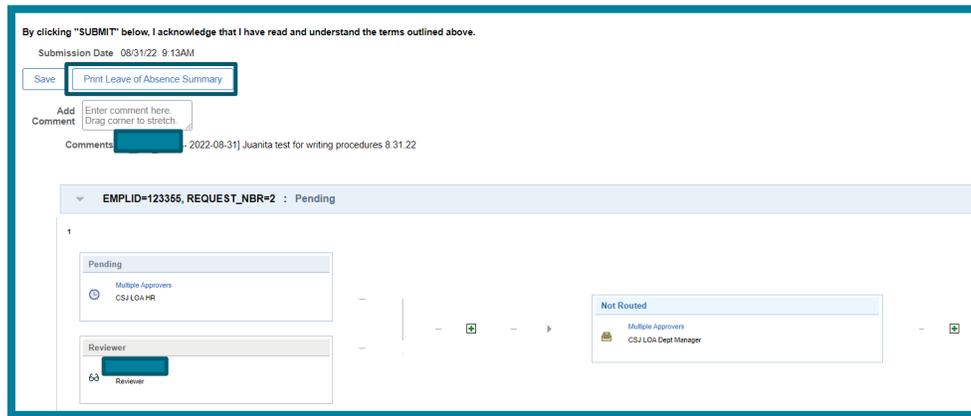
Save Submit Print Leave of Absence Summary

Add Comment Enter comment here. Drag corner to stretch.

Comments 2022-08-31 Juanda test for writing procedures 8.31.22

You will then be taken to a screen that displays the approval workflow for your leave request and an option to print a summary of your submission.

Your Leave request will remain viewable in eWay, but if you'd like a PDF of the Leave of Absence Request submitted, **click "Print Leave of Absence Summary"**.



## What to expect upon submission?

- Your supervisor will be notified (seen as "reviewer" in workflow) that you have applied for a leave of absence, but no details such as reason or date are provided.
- Central Human Resources (HR) will receive the Leave of Absence Request, review your eligibility for protected leave under State and Federal law and provide you with eligibility and designation notice for your requested time off.
- Once HR reviews, the request will be forwarded to your [department's designated leave coordinator\(s\)](#) for review and final department approval.
- You will receive an e-mail notifying you of the final approval.

## Questions?

For questions about the overall process, policy, and/or request form in eWay, please contact the at [HRBenefits@sanjoseca.gov](mailto:HRBenefits@sanjoseca.gov) or by phone at 408-535-1285.

For specific questions regarding schedule and timecard or leave schedule, please contact your department timekeeper or HR liaison.