

# 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 <u>HRBenefits@sanjoseca.gov</u> 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 <u>eWay</u>

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**.



City of San Jose Onboarding Guides | Last Updated July 2023



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

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request.			
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Next			
Instructions / Contact Info	Leave Details Leave Schedule Benefit Continuation Supporting Document Upload Acknowledgement / Workflow	Return from Leave	
Empl ID 124408	Montez, James Request Number 1		Status Needs Approval
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# Prior to starting your application, please review the key functionality areas highlighted above:

- **a. 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.
- **b.** Save: Save your request along the way and return to complete your request later.
- c. Home: Takes you back to the home page of eWay
- **d. Request Number:** eWay will auto-assign a Request Number to each Leave of Absence Request Form submitted.
- e. Status: This indicates what stage of submission and approval your leave is in.
  - i. Needs Approval: <u>Not yet submitted</u> for review
  - ii. In Progress: Submitted, but not fully approved
  - iii. All Approved: 100% approved
  - iv. 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, III Mother, Work Injury, etc.

njury, etc. j	CISJ LOA Application Fluid	Cancel		Instructi	ons / Contact Info				Q :
	Next								
	Instructions / Contact Info	Leave Details	Leave Schedule	Benefit Continuation	Supporting Document Upload	Acknowledgement / Workflow	Return from Leave		
	Empl ID				Request 2 Number 2	5	tatus Needs Approval		
	Leave of Absence Description		Use this fiel you can ear	d to indicate a more specifically find this leave when rela	c reason for leave so that iming to this area of eWay				
	Instructions:		(e.g. sick m	om, surgery, 1st baby, etc.)					
	This request form is to be complete litness) OR any unpaid leave greate	d for extended leave ir than 2 weeks	es of absence. In gene	ral, this is defined as <u>any le</u>	ave greater than 2 weeks that is due	e to a "protected reason" (i.e., Birthi	Macement, Employee II	ness, Fa	mily
	When possible, Leave Requests sh	ould be submitted 3	0 days prior to your lin	ie off.					
	Please complete the form to your b Dates that you require time of tw Medical certification, doctor's not Proof of birth/placement (for Pair	est ability, ensuring a ork, either continuou es, or Work Status i I Parental leave only	all required fields are c is or intermittently, note to show the need ()	omplete. Be prepared with for time off of work	the following:				
	You will be prompted to upload app	icable documents w	thin the application, h	owever, that is not required	for eutimission.				
	Please reference Section 4 of the C	ity Policy Manual fo	r additional information	on the City's Leave Policy	Additional guides, tools, and inform	ation to assist you can be found on	the City's Leave of Abse	ance Wel	oste.
	This form should not be used for E • The Bereavement Leave form ca • For Military Leaves, please conta	ereavement Leave n be found in City P ct HRBenefits@sar	or Military Leave req blicy 4.2.5 joseca.gov for addition	uests. ral information.					
	What to expect?								
	Your request will be reviewed by He automatically approve your time off	man Resources to as protected under	Setermine eligibility for Federal and State Law	protected time off. Any unp . You will be notified via en	rotected time off requests will be rev all regarding eligibility/designation a	/eved and approved/denied by dep ind when you application has been t	artments. Submission o ulty approved.	f this form	n does not
	Wage Replacement								
	With the exception of the City-Paid	Parental Leave Pilot	Program, your leave	will not be paid by the City o	ind you may be required to use your	accrued time depending on your re	ason for leave. Please	refer to t	ae Use of



**6.** 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 Info	mation:
While on a lease Personal Det	ave 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 ails" button below to update your personal information, then return to the Leave Request Form.
Edit Perso	nal Details
Address	Line 1
Address	Line 2
	City San Jose
K	State CA
Zip	Code 95138
	Email: sjhs92@noemail-csjnoserver.com
Home P	hone:

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 Address After saving each change, return to the Leave of Absence Request window to continue.

7. 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.

Supervisor ID	sor instea below is not the person you report to, please click th	e (magnitying icon) to indicate the person you
Cancel Search or: Alternate Supervisor Search Criteria ▼ Search Results Empl ID Name ↔	Cancer Search Criteria Search Criteria	Lookup

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

8. 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).

- 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

Instructions / Contact Info	Leave Details	Leave Schedule	Benefit Continuation	Supporting Document Upload	Acknowledgement / Workflow	Return from Leave			
Empl ID				Request 2 Number 2	Status 1	Needs Approval			
ave of Absence Information:									
lease indicate the reason for	your leave below.								
"Leave of Absence Reason									
Caring For:	~								
Leave Type		~							
Estimated due / placement date	<b></b>								
Leave of Absence Other Reason									
eave Dates:									
lease indicate the dates you	will require time off for t	he reason indicated at	iove.						
your leave requires multiple f time in which your will have	periods of time, you car periods of time off and	n indicate each period mark that time "Interm	by adding rows using the "+ ttent/Reduced Schedule".	If you are unaware of the specific	dates or your leave is a reduced scl	hedule, please indicate the sp			
,									
						F, Q			
LOA From Date O	LOA	To Date 🗘	Absence R	eason Code 🗘	Intermittent/Reduced Scher	dule? O			

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" (III Family Member) will disappear.* 

### <u>Refer to the applicable section based on your leave reason:</u>

#### **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.

Leave of Absence	Leave of Absence Information:								
Please indicate the reason for your leave below.									
*Leave of Absence Reason	Pregnancy or child placement v								
Leave Type	~								
Estimated due / placement date	Estimated due /								



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 $\Diamond$	Absence Reason Code 🛇	Intermittent/Reduced Schedule? 🗘	
1		Bonding ~	No	+ -
2		Sick time to care for family 🗸	No	+ -

#### Use the "Absence Reason Code" to indicate the related absence reason as

**appliable**. 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 <u>Use of Accruals by Extended Leave Reference Chart</u> 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)

Name indicate the second forward lange hadres			
Leave of Absence Reason My own injury / illness	v		
Leave Type			
eave Dates:			
eave Dates; *ease indicate the dates you will require time off f your leave requires multiple periods of time, you which your will have periods of time off and mark	for the reason indicated above. I can indicate each period by adding rows using the "+". If you are unaw that time "Intermittent/Neduced Schedule".	are of the specific dates or your leave is a reduced schedule, please indicate the s	Jari D
eave Dates; Please include the dates you will require time off /your leave requires multiple periods of time, you which your will have periods of time off and mark.	for the reason indicated above. can indicate each point by adding roos using the "*" if you are unanotat time "intermittent/Keduced Scheduk".	are of the specific dates or your leave is a reduced schedule, please indicate the sp g	3801 D
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**b)** Use the table 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).

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.





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. <u>Use of Paid Leave Accruals Reference Chart</u>: 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 <u>Leave Schedule</u> 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.



CAPITAL OF SILICON VALLEY

	Previous Next										
	Instructions / Contact Info	Leave Details	Leave Schedule	Benefit Continuation	Supporting Document Upload	Acknowledgement / Workflow	Return from Leave				
	Empl ID					Request Number 4		Status Needs Approval			
g	ontinuation of Benefits:										
Ir	In some cases, your time of will be or become unpaid (no earnings for full pay period). If when you are unpaid, the City needs to know if you want your benefits to continue or lapse.										
F B F	Please review your current elections and cost of premiums carefully when choosing to continue benefits: Beanefit Summary Paycheck n elvay										
lf P	this form is not completed upor DL, the employee must make p	n submission of this a ayments of both the	application and you are employee and City por	on a protected (FMLA, CFR tion of the premium(s) to cor	A, PDL) leave, the City will default to tinue coverage.	o keep all benefits active while unpai	d and pursue all availab	le remedies if payments are not made. If the leave is not qualified for FMLA, CFRA or			
ľ	you choose to continue any be	nefits, HR will send y	you a Benefits Billing S	tatement outlining amounts of	due while you are on leave. It is your	responsibility to ensure you maintain	n payments.				
lf ti re	you choose to lapse coverage, ey begin unpaid leave and are turning to paid status.	Human Resources responsible for the e	will terminate your beni entire month's premium	efits coverage at the end of t s prior to lapse. Once your b	he month in which you stop receiving enefits have terminated, you will not	a City issued paycheck (no earning be able to re-activate coverage until	s for full pay period). En you return to work in a	nployees on unpaid leave may owe premiums for the second half of the month in which paid status. You must notify HR regarding reinstatement of benefits within 30 days of			
P	ease indicate "Yes" below for e	ach of the benefits the	hat you wish to continu	e:							
	Medical	Yes									
	Dental 🦲	Yes									
	Vision 🦲	Yes									
	Employee Assistance Program	Yes									
	Accidental Death & Dismemberment	No									
	Long-Term Disability	Yes									
	Life 🦲	Yes									

#### Overview of links for Reference and Planning

a. 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.

> Leave of Absence Intake × 🗉 Ber

b. 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 pavcheck will open.

Benefits Summary									
Denents c	ummary								
To view your benefits as of another date, enter the date and select Go.									
09/02/2022	-) Go		Print Benefits Summary						
Benefits Summary									
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			Walved						
Union Trust Plar	15	MEF/CEO Trust Plan (Legal)	Employee Only						
Employee Assis	tance Program	EAP (Non-Sworn)	Employee Only						
Basic Life		Basic Life	\$20,000						
AD and D			Waived						
Long Term Disal	pility (LTD)	LTD-60	66.667% of Salary						

Favorites -	Main Menu 👻	> Benefit Continuation	n > Pay								
View Pay	View Paycheck										
Review your av	railable paychecks. Sele	ect the check date of th	e paycheck you would like t	o review.							
▼ Select P	aycheck										
Check Date	Description	View Paycheck	Company	Pay Begin Date							
06/17/2022	06/17/2022 View Paycheck City of San Jose 05/29/2022										
06/03/2022 View Paycheck City of San Jose 05/15/2022											
05/20/2022		View Paycheck	City of San Jose	05/01/2022							



The employee's usual contributions are in the "Before-Tax Deductions" and "After Tax Deductions" boxes.

The City's usual contributions are in the "Employer Paid Benefits" box.

Note: *If your leave is unprotected under state or federal regulation, you must make payments of <u>both</u> <u>the employee and City portion</u> of the premium(s) to continue coverage. You will receive a letter <i>indicating your eligibility after submission of your leave.* 

City of San Jose		Pay Group:	REG-CSI - Non Sa	ety/Management		Business Unit: CSI	BU		
200 Fast Santa Clara Street		Pay Begin Date:	05/29/2022			Advice #* 519	1444		
See Iose CA 05112 1005		Pay End Date:	06/11/2022			Advice w: 315	20000		
San 508c, CAC 95115-1905		Fay End Date.	00/11/2022			Advice Date: 06/1	1/2022		
		1							
r									
						TAX DATA:	Federal	CA State	
	Employee	e ID:				Tax Status:	Single	S/M-2 inc	
	Departme	ent: 5110-DO17Ad	Iministrative Service	5		Allowances:	N/A	0	
	Location:	: DOT/Adminis	trative Services			Percent:	N/A		
	Job Title:	: Analyst I				Addl. Amounts			
	Pay Rate:	: \$3,196.00 Biv	reekly			Addi. Amodili.			
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		Current		YT	D				
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Recolar	30.050	68.00	2 716 60	863.25	34 448 21	CA Withholdng	158 19	1.911.90	
Sick Lanua	39.950	000 4.00	150.80	6.50	250.69	ere cramoning	156.15	-,/11.50	
Barrowel Lossia	39.950	4.00	139.80	22.75	239.08				
Personal Leave			0.00	23.75	926.01				
vacation Leave			0.00	18.50	739.08				
TOTAL:		160.00	3.355.80	1.920.00	40.188.96	TOTAL:	581.46	7.005.27	
CURRENT TOTAL HOURS WO	ADVED.	69.0	0						
BEFORE-TAX DED	UCTIONS		AFTER-TAX	DEDUCTIONS		EMPLOYER PAID BENEFITS			
Description	Current	YTD Description		Current	VTD	Description	Current	VTD	
Vaices Health									
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Delta Dental VEBA Medical Reimb Account Retirement Contribution Tier-2	55.66 1.06 67.12 261.11	667.92 Benefits Admi 12.72 Long Term Di 803.82 3,127.05	nistration Fee sability 60	0.21 14.76	2.52	Kaiser Health Delta Dental Benefits Administratio VSP Choice w/City Co Life Insurance - Basic	315.40 20.06 n Fee 11.37 intribution 3.67 1.54	3,784.80 240.72 136.44 44.04 18.48	
VEBA Medical Reimb Account Retirement Contribution Tier-2	55.66 1.06 67.12 261.11	667.92 Benefits Admi 12.72 Long Term Di 803.82 3,127.05	nistration Fee sability 60	0.21 14.76	2.52	Kaiser Health Delta Dental Benefits Administratio VSP Choice w/City Co Life Insurance - Basic Retirement Contributio	315.40 20.06 n Fee 11.37 ntribution 3.67 1.54 nt Tier-2 261.11	3,784.80 240.72 136.44 44.04 18.48 3,127.08	
Delta Dental VEBA Medical Reimb Account Retirement Contribution Tier-2	55.66 1.06 67.12 261.11	667.92 Benefits Admi 12.72 Long Term Di 803.82 3,127.05	nistration Fee sability 60	0.21 14.76	2.52	Kaiser Health Delta Dental Benefits Administratio VSP Choice w/City Co Life Insurance - Basic Retirement Contributio Basic Life Ins Fee - No	315.40 20.06 n Fee 11.37 intribution 3.67 1.54 in Tier-2 261.11 wnMgt 1.62	3,784.80 240.72 136.44 44.04 18.48 3,127.08 15.84	
Delta Dental Delta Dental VEBA Medical Reimb Account Retirement Contribution Tier-2	55.66 1.06 67.12 261.11	667.92 Benefits Admi 12.72 Long Term Di 803.82 3,127.05	nistration Fee sability 60	0.21 14.76	2.52	Kaiser Health Delta Dental Benefits Administratio VSP Choice w/City Cc Life Insurance - Basic Retirement Contributio Basic Life Ins Fee - Ne Unemployment Insurat	315.40 20.06 n Fee 11.37 intribution 3.67 1.54 m Tier-2 261.11 mMgt 1.62 see 0.00	3,784.80 240.72 136.44 44.04 18.48 3,127.08 15.84 53.30	
Delta Dental Delta Dental VEBA Medical Reimb Account Retirement Contribution Tier-2	55.66 1.06 67.12 261.11	667.92 Benefits Admi 12.72 Long Term Di 803.82 3,127.05	nistration Fee sability 60	0.21 14.76	2.52	Kaiser Health Delta Dental Benefits Administratio VSP Choice w/City Cc Life Insurance - Basic Retirement Contributis Basic Life Ins Fee - Nc Unemployment Insurar MEF/CEO Legal (Trus	315.40 20.06 n Fee 11.37 intribution 3.67 1.54 in Tier-2 261.11 inMgt 1.62 ice 0.00 R Plan)* 0.00	3,784.80 240.72 136.44 44.04 18.48 3,127.08 15.84 53.30 25.50	
Delta Dental Delta Dental VEBA Medical Reimb Account Retirement Contribution Tier-2	55.66 1.06 67.12 261.11	667.92 Benefits Admi 12.72 Long Term Di 803.82 3,127.05	nistration Fee sability 60	0.21 14.76	2.52	Kaiser Health Delta Dental Benefits Administratio VSP Choice w/City Cc Life Insurance - Basie Retirement Contributio Basic Life Ins Fee - No Unemployment Insurat MEF/CEO Legal (Trus Employee Assistance 1	315.40 n Fee 11.37 intribution 3.67 1.54 in Tier-2 261.11 soMgt 1.62 see 0.00 at Plan)* 0.00	3,784.80 240.72 136.44 44.04 18.48 3,127.08 15.84 53.30 25.50 13.50	
Delta Dettal Delta Dettal VEBA Medical Reimb Account Retirement Contribution Tier-2 TOTAL:	55.66 1.06 67.12 261.11	667.92 Benefits Admi 12.72 Long Term Di 803.82 3,127.05 4,611.51 TOTAL:	nistration Fee sability 60	0.21 14.76	2.52 176.77	Kaiser Health Delta Dental Benefits Administratio VSP Choice w/City Cc Life Insurance - Basic Retirement Contributic Basic Life Ins Fee - Nt Unemployment Insurar MEF/CEO Legal (Trus Employee Assistance I *TAXABLE	315.40 20.06 n Fee 11.37 n tribution 3.67 n Tier-2 261.11 n Mgt 1.62 tee 0.00 it Plan)* 0.00 trogram 0.00	3,784.80 240.72 136.44 44.04 18.48 3,127.08 15.84 53.30 25.50 13.50	
Delta Dettal Delta Dettal VEBA Medical Reimb Account Retirement Contribution Tier-2 TOTAL:	55.66 1.06 67.12 261.11 : 384.95 4	667.92 Benefits Admi 12.72 Long Term Di 803.82 3,127.05 4,611.51 TOTAL:	nistration Fee sability 60	0.21 14.76 14.97	2.52 176.77 179.29	Kaiser Health Delta Dental Benefits Administratio VSP Choice w/City Cc Life Insurance - Basic Retirement Contributis Basic Life Ins Fee - Nc Unemployment Insuran MEF/CEO Legal (Trus Employee Assistance I *TAXABLE	315.40 20.06 n Fee 11.37 ntribution 3.67 1.54 n Tier-2 261.11 soMgt 1.62 tee 0.000 rtogram 0.00	3,784,80 240.72 136,44 44,04 18,48 3,127,08 15,84 53,30 25,50 13,50	
Delta Dettal Detta Dettal VEBA Medical Reimb Account Retirement Contribution Tier-2 TOTAL:	55.66 1.06 67.12 261.11	667.92 Benefits Admi 12.72 Long Term Di 803.82 3,127.05 4,611.51 TOTAL: FED TAXABLE CB	nistration Fee sability 60	0.21 14.76 14.97	2.52 176.77 179.29 XFS	Kaiser Health Delta Dental Benefits Administratio VSP Choice wiCity Cc. Life Insurance - Basic Retirement Contributis Basic Life Ins Foe - Uncemployment Insura MEF/CEO Legal (Trus Uncemployment Insura MEF/CEO Legal Trus Fmployee Assistance I *TAXABLE	315.40 20.06 n Fee 11.37 nttribution 3.67 n Tier-2 261.11 nhdgt 1.62 tee 0.000 rogram 0.00	3,784.80 240.72 136.44 44.04 18.48 3,127.08 15.84 53.30 25.50 13.50	
Danie v 160011 De la Detal Accessione Velle Contracterio Accessione Velle Contracterio Accessione TOTAL: TOTAL: TOTAL	55.66 1.06 67.12 261.11 384.95 384.95 10 55.66 1.06 67.12 261.11	667.92 Benefits Admi 12.72 Long Term Di 803.82 3,127.05 4,611.51 TOTAL: FED TAXABLE GR	nistration Fee sability 60	0.21 14.76 14.97 14.97	2.52 176.77 179.29 XES 1146	Kaiser Health Delta Dental Benefits Administratio VSP Choice w/City Cc Life Insurance - Basic Retirement Contributis Basic Life Ins Fee - Ne Unemployment Insura IEF/CED Legal (Trus Imployee Assistance I *TAXABLE TOTAL DEDUCC	115.40           20.06           n Fee           11.37           ninšibution           3.67           1.54           n Tier-2           261.11           netice           0.00           rogram           0.00           10055	3,784.80 240.72 136.44 44.04 18.48 3,127.08 15.84 53.30 25.50 13.50	
Neases release Delta Dental Delta Dental VEBA Medical Reimb Account Retirement Contribution Tier-2 TOTAL: TOTAL: TOTAL:	384.95 TAL 2058 384.95 40 135 10	667.92 Benefis Admi 12.72 Long Term Di 803.82 3,127.05 4,611.51 TOTAL: FED TAXABLE GR 2,97 35,61	nistration Fee sability 60	0.21 14.76 14.97 TOTAL TA 58 7 70	2.52 176.77 179.29 XES 11.46 5.27	Kaiser Health Delta Dental Benefits Administratio VSP Choice w(City Cc Life Insurance - Basic Retirement Contributis Basic Life Ins Fee - Ne Unemployment Insura MEF/CED Legal (Trus Employee Assistance 1 *TAXABLE TOTAL DEDUCC	315.40           20.06           n Fee         11.37           ntribution         3.67           n mirer-2         261.111           abdgt         1.62           see         0.000           Yoggam         0.000           TIONS         399.92           399.90         80	3,784,80 240,72 136,44 44,04 18,48 3,127,08 15,84 53,30 25,50 13,50 NET PAY 2,374,42 78,397,89	
Nearse rietemin Delia Deenid VEIIA Medical Reimb Account Referenced Contribution Tier-2 TOTAL: Current YTD	384.95 1.06 67.12 261.11 384.95 TAL 055.50 40,188.9	667.92 Benefits Admi 12.72 Long Term Di 803.82 3,127.05 4,611.51 TOTAL: FED TAXABLE GR 2,9 35.6	nistration Fee sability 60	0.21 14.76 14.97 TOTAL TA 53 7.00	2.52 176.77 179.29 XES 11.46 15.27	Kaiser Health Delta Dental Benefits Administratio VSP Choice w/City Cc Life Insurance – Basic Retirement Contributis Basic Life Ins Fee - Nc Unemployment Insuran Employee Assistance I *TAXABLE TOTAL DEDUCT 4,	115.40           n Fee         20.06           n Fee         11.37           n Tics-2         261.11           whdgt         1.62           rec         0.00           rygam         0.00           1008         139.92           799.80         100	3,784.80 240,72 136,44 44,04 18,48 3,127,08 15,84 53,30 25,50 13,50 13,50 NET PAY 2,374,42 28,392,89	
VERA Modela Reinh Account VERA Modela Reinh Account Retirement Contribution Tier-2 TOTAL: Current YTD VEAR-TO-DATE PAD D	384.95 TAL 555 0 555 0 555 0 555 0 555 0 555 0 100	667.92 Benefis Admi 12.72 Long Term Di 803.82 3,127.05 4,611.51 TOTAL: FED TAXABLE GR 29 35.61 SICK LEAVE	nistration Fee sability 60	0.21 14.76 14.97 TOTAL TA 53 7.00	2.52 176.77 179.29 XES 11.46 15.27 NET PA	Kaiser Health Delta Dental Benefits Administratio VSP Choice w(City Cc Life Insurance - Basic Retirement Contributis Basic Life Ins Fee - Ne Unemployment Insuran MEF/CED Legal (True Employee Assistance 1 *TAXABLE TOTAL DEDUCT 4, Y DISTRIBUTION	115.40           n Fee         11.37           0.06         1.37           1.54         1.54           n Tier-2         261.11           neMagi         1.62           0.00         1.94           0.00         0.00           rPian)*         0.00           THONS         399.92           790.80	3,784.80 240,72 136,74 136,74 18,48 3,127,08 15,84 53,30 25,50 13,50 <b>NET PAY</b> 2,374,42 28,392,89	
Total Stand VERA Medical Reinb Account Retirement Contribution Tier-2 TOTAL: TO	55.66 1.06 67.12 261.11 384.95 TAL 585 40.188.9 TIME 0FF 132.9	667.92 Benefis Admi 12.72 Long Term Di 803.82 3,127.05 4,611.51 TOTAL: FED TAXABLE CR 2,9 35,6 SICK LEAVE 553	ability 60	0.21 14.76 14.97 TOTAL TA 58 7,00	2.52 176.77 179.29 XES 11.46 15.27 NET PA	Kaiser Health Delta Dental Benefits Administratio VSP Choice w(City Cc Life Insurance - Basic Retirement Contributis Basic Life Ins Fee - N. Unemployme Assistance I TOTAL DEDUCT TOTAL DEDUCT 4, Y DISTRIBUTION Account News	11540           n Fee         11.37           n Fier         20.06           n Tier-2         261.11           nodegi         0.20           nodegi         0.00           regram         0.00           rogram         0.00           1005         199.92           199.80         100           her         D	1112 3,784.80 240.72 136.44 44.04 18.48 3,127.08 15.84 453.30 25.50 13.50 NET PAY 2,374.42 28,392.89	
TOTAL: TOTAL:	384.95 384.95 TAL 258 453.90 TAL 258 453.90 TOLEOF 132.9 462	667.92 Benefis Adm 12.72 Long Term Di 803.82 3,127.05 4,611.51 TOTAL: FED TAXABLE GR 2,9 35,6 SICK LEAVE 4,33 LAAA	inistration Fee sability 60	0.21 14.76 14.97 TOTAL TA 58 7,00	2.52 176.77 179.29 XES 11.46 15.27 NET PA Account Type Docking	Kaiser Health Delta Dental Benefits Administratio VSP Choice wCity Cc Life Insurance - Basic Retirement Contributis Basic Life Ins Fee - N. Unemployme Assistance I = TAXABLE TOTAL DEDUCT 4, <u>ACUSTRIBUTION</u> <u>Accessed Nam</u> 712802757	115.40           n Fee         11.37           n Fee         11.37           n Tire-2         261.11           n Tire-2         261.11           see         0.00           rogram         0.00           TOXS         399.92           790.80         0.00	3,784.80 240.72 136.44 44.04 18.48 3,127.08 15.84 53.30 25.50 13.50 <b>NET PAY</b> 2,374.42 28,392.89 <b>Cposil Amount</b>	
TOTAL: TOTAL: TOTAL: Current Contribution Tier-2 TOTAL: T	55.66 1.06 67.12 261.11 384.95 TAL 558 TAL 558 40,188.9 TIME OFF 132.9 46.2 0.0	667.92 Benefis Adm 12.72 Long Term Di 803.82 3,127.05 4,611.51 TOTAL: FED TAXABLE GR 29.9 55.6 SICK LEAVE 53.3 4,000 4,00	nistration Fee sability 60	0.21 14.76 14.97 TOTAL TA 53 7.00	2.52 176.77 179.29 XES 81.46 15.27 NET PA Account Type Checking	Kaiser Health Delta Dental Benefits Administration VSP Choice w(Gity C Life Insurance - Basic Retirement Contributis Basic Life Ins Fee - N Unemployme Assistance I *TAXABLE TOTAL DEDUCT 4, Y DISTRIBUTION <u>Account Num</u> 7(12580275	115.40           n Fee         11.37           n Fee         11.37           n Ter-2         261.11           andgr         1.62           y faith         0.00           rogram         0.00           TONS         199.92           190.80         100           her         D	1110 3,7/84.80 240.72 136.44 44.04 18.48 3,127.08 15.84 45.3.30 25.50 13.50 <b>NET PAY</b> 2,374.42 28,392.89	
TOTAL: TOTAL:	355.66 1.06 67.12 261.11 384.95 TAL 958 40,188.30 1016 OFF 132.9 40,2 00	667.92 Benefits Admi 12.72 Long Term Di 803.82 3,127.05 4,611.51 TOTAL: FED TAXABLE GB 2,9 35,6 51,52 4,61 Admi 2,9 35,6 51,52 4,61 Admi 2,9 35,6 51,52 4,61 Admi 2,9 35,6 51,52 4,61 Admi 2,9 35,6 51,52 4,61 Admi 2,9 35,6 51,52 4,61 Admi 2,9 35,65 4,61 Admi 2,9 35,65 35,65 4,61 Admi 2,9 35,65 35,65 4,61 Admi 2,9 35,65 35,75 4,61 Admi 2,9 35,65 4,51 Admi 2,9 3,51 4,51 Admi 2,9 3,51 4,51 Admi 2,9 3,51 4,51 4,51 4,51 4,51 4,51 4,51 4,51 4	inistration Fee sability 60	0.21 14.76 14.97 TOTAL TA 58 7.00	2.52 176.77 176.77 XES 11.46 15.27 NET PA Account Type Thecking	Kaiser Health Delta Denalt Benefits Administratio VSP Choice w(Tity C Life Insurance - Basic Retirement Contributis Basic Life Ins Fee - No Unemployment Insura MEF/CEO Legal (Tru Insurance - March TOTAL DEDUCT 4, V DISTRIBUTION <u>Account Num</u> 712380275	115.40           n Fee         11.37           n Fee         11.37           n Tire-2         1.44           n Tire-2         1.62           tec         0.00           vec         0.00           rogram         0.00           TONS         199.92           708.40         100           bkr         Dr	1212 3,784.80 240.72 136.44 44.04 18.48 3,127.08 15.84 53.30 25.50 13.50 13.50 13.50 <b>NET PAY</b> 2,374.42 28,392.89 <b>PAY</b>	
TOTAL: TOTAL:	384.95 1.06 67.12 261.11 384.95 6.55 6.55 7 132.9 40,188.9 132.9 40,288.9 132.9 40,288.9 132.9 40,2 0.0	667.92 Benefits Admi 12.72 Long Term Di 803.82 4411.51 TOTAL: FED TAXABLE GR 90 55 51 51 51 51 51 51 51 51 51 51 51 51	or sability 60	0.21 14.76 14.97 TOTAL TA 58 7.00	2.52 176.77 179.29 XES 11.46 15.27 NET PA Account Type Thecking	Kaiser Health Delta Dental Benefits Administration VSP Choice w(City C Life Insurance - Basic Reterement Contribution Basic Life Ins Fee - No Unterproposed Insurance Forpeloyee Assistance TOTAL DEDUCT 4, V DISTRIBUTION Account Num 712380275	115.40           n Fee         11.37           n Fee         11.37           n Tisr-2         261.11           n Tisr-2         261.11           see         0.00           togram         0	1212 3,784.80 240.72 136.44 44.04 18.48 3,127.08 3,312.708 5,50 13,50 NET PAY 2,374.42 28,392.89	
Neth Deal Philo Model & Remb Account Retirement Contribution Tier-2 TOTAL: Cannot YID YARAFCO-BATE PAID T Sart Blance + Sando	384.95 1.06 67.12 261.11 384.95 40.188.9 40.188.9 132.9 46.2 0.0	667.92 Benefits Admi 12.72 Long Term Di 803.82 44611.51 TOTAL: FED TAXABLE GR 2.35 SICK LEAVE 34.30 Administration	nistration Fee ability 60	14.97 14.76 14.97 14.97	2.52 176.77 179.29 XES 11.46 15.27 NET PA Xecount Type Thecking	Kaiser Health Delta Denalt Benefits Administratio VSP Choice wCity CC Life Insurance-Basic Sanis Lafie Inse WCity CC Life Insurance-Basic Basic Lafie Inse Fee-No Uncemployment Insura- MER/CEO Legal (Trus Employee Assistance I TAXABLE TOTAL DEDUCT 4, V DISTRIBUTION <u>Account Num</u> 712380275	115.40           a Fee         11.37           antibution         20.06           n Tiere         11.37           mitbution         1.54           n Tiere         26.11           weigt         1.62           ree         0.00           vogram         0.00           vogram         0.00           yog 0.2         79.30           ber         D	1744.80 240.72 136.44 44.04 18.48 3.127.08 13.27.08 13.30 25.50 13.50 25.50 13.50 25.50 23.50 28.392.89 28.392.89	
Peter Deal Peter Deal VERM Models Remo Account Retirement Contribution Tire-2 TOTAL: Current YTD VTD VTD VTD Current VTD VTD VARIADO ANTE V Androito VTD Participant VTD VARIADO ANTE VTD VARIADO ANTE VTD VARIADO VARIADO VTD VARIADO VARIADO VARIADO VTD VARIADO VARIADO VARIADO VARIADO VARIADO VTD VARIADO VARIADO VARIADO VARIADO VARIADO VARIADO VARIADO VARIADO VTD VARIADO	384.95 1.06 67.12 261.11 384.95 1.25	667.92 Benefits Admi 12.72 Long Term Di 803.82 44611.51 TOTAL: FED TAXABLE CB 555 555 555 555 555 555 555 5	nistration Fee sability 60	14.97 14.76 14.97 TOTAL TA 58 7.00	2.52 176.77 179.29 XES 1146 1527 NET PA Kecount Type Thecking	Kaiser Health Deela Denait Benefite Administratio VSP Choice wiCity CC VSP Choice wiCity CC Retirement Contribution Basic Life Ins Fee - Nc Unemployment Issuar METPCED Legal (Tru Employee Assistance I 'TAXABLE' TOTAL DEDUCT 4. V DISTRIBUTION <u>Account Num</u> 712300275	315.40           a Fee         315.40           ntribution         1.37           mtribution         1.54           mtribution         1.54           mtribution         1.64           mtribution         1.64           mtribution         1.62           offer         1.62           offer         0.00           tribution         0.00	3,784.80 240.72 13644 44.04 18.48 3,127.08 15.84 33.30 25.50 13.50 13.50 NET PAY 2,374.42	
Nebit Dead VERM Media (Reimb Account Retirement Contribution Tier-2 TOTAL: Current Vermit Vermit Vermit Vermit Vermit Resolution Vermit Resolution Vermit Ve	355.66 1.06 67.12 261.11 384.95 40.183 40.183 132.9 46.2 0.0 E	667.92 Benefits Admi 12.72 Long Term Di 803.82 4411.51 TOTAL: FED TAXABLE GR 29 35 SICK LEAVE 4411.51 dd 34 34 34 34 34 34 34 34 35 35 35 35 35 35 35 35 35 35 35 35 35	inistration Fee ability 60	14.97 14.76 14.97 TOTAL TA 5 7,00 4	2.52 176.77 179.29 XES 11.46 15.27 NET P.A Vectoring Checking	Kaiser Health Delta Dental Beneffts Administratio VSP Choice wiCity CC Life Insurance - Basic Reference I contribution Unemployment Insura- WEF/CED Legal (True Employee Assistance I TAXABLE TOTAL DEDUCT 4. Y DISTRIBUTION <u>Account Num</u> 7(2380/275	315.40           315.40           an Fee           1.37           minibulion           1.37           minibulion           1.37           minibulion           1.37           minibulion           1.37           1.37           minibulion           1.37           1.37           minibulion           1.37           1.37           1.37           minibulion           1.37           1.37           1.37           1.37           1.37           1.37           1.37           1.37           1.37           1.37           1.38           1.39           1.39           1.39           1.39           1.39           1.39           1.39           1.39           1.39           1.39           1.39           1.39           1.39           1.39           1.39           1.39           1.39 <td>3,784,80 240,72 136,44 44,04 8,84 8,3,127,08 15,84 3,327,08 15,84 9,330 25,50 13,50 13,50 13,50 13,50 13,50 13,50 13,50 13,50 13,50 13,50 13,50 13,50 14,500</td>	3,784,80 240,72 136,44 44,04 8,84 8,3,127,08 15,84 3,327,08 15,84 9,330 25,50 13,50 13,50 13,50 13,50 13,50 13,50 13,50 13,50 13,50 13,50 13,50 13,50 14,500	
Nebis Doział VERA Mediał Bernio Account Retirement Contribution Tier-2 TOTAL: TOTA	384.95 1.06 67.12 261.11 384.95 TAL 9285 6,55 0 40,183.9 132.9 40,2 0 132.9	667.92 Bencfis Admi 12.72 Long Term Di 803.82 44011.51 TOTAL: FED TAXABLE GE SICK LEAVE 4.3 3.60 SICK LEAVE 4.3 3.60 SICK LEAVE 4.3 3.60 SICK LEAVE 4.3 3.60 SICK LEAVE	nistration Fee sability 60	0.21 14.76 14.97 TOTAL TA \$ 7.00	2.52 176.77 179.29 XES 1146 15.27 NET PA Kecount Type Thecking	Kaiser Health Delta Dettal Benefits Administratio VSP Choice w.City CC Letterwoord: Computer Letterwoord: Computer Letterwoord: Computer MEFICED Legal (True Employee Assistance J "TAXABLE" TOTAL DEDUCT 4, V DISTRIBUTION ACCOMM Num 712380275	315.60           315.00           an Fee           13.37           anarbedion           13.77           anarbedion           13.77           anarbedion	3,784,80 240,72 136,44 444 444 3,127,08 1,584 1,584 1,584 1,584 1,584 1,584 1,584 1,584 2,550 2,550 1,350 NET PAY 2,374,42 2,374,42	
Neth Dould VERM Models & Remb Account Retirement Contribution Tire-2 TOTAL: Carrent YTD Var House Washington Contribution Start House Network	355.66 1.06 67.12 261.11 384.95 TAL 055 00 00 E1 00 E1	667.92 Bencfis Admi 12.72 Long Term Di 803.82 4611.51 TOTAL: FED TAXABLE G SSCKLEAVE 533 400 SSCKLEAVE 533 400 535 534 44 14 535 535 535 535 535 535 535 535 535 53	nistration Fee sability 60	14.97 14.97 TOTAL TA \$ 7,00	2.52 176.77 179.29 XES XES NET P.A Account Type hecking	Kaiser Health Deela Detail Benefite Administration Viel Chaice work of the Chaice work of the Retirement Contribution Basic Life Ints Fee - Ne Unemployeed Issistance I Imployee Assistance I ITOTAL DEDUCT A VIEL DEDUCT A CONTRIBUTION ACCOUNT Num 712380275	315.60           315.60           an Fee           10.00           11.37           an Fee           11.37           an Ter-2           26.11           11.37           11.30           11.37	3,784,80 240,72 440,04 440,04 8,48 3,127,08 15,84 5,84 5,84 5,84 5,84 5,84 5,84 5,84	
Nebis Deal VERA Media (Benih Account Retirement Contribution Tier-2 TOTAL: TOTA	35.66 1.06 67.12 261.11 384.95 TAL 6.55.95 40.183.9 40.183.9 132.9 40.2 0.0 E1 DE	667.22 Benefits Admi 12.72 Long Term Di 803.32 4411.51 TOTAL: FED TAXABLE GR 533 543 543 543 543 543 543 543	ability 60	021 14.76 14.97 10TAL TA 5 3 7.00 4	2.52 176.77 179.29 XES 11.46 (5.27 NET PA Veconti Type Thecking	Kaiser Hoalth Deela Denail Benefits Administration Benefits Administration Life Insurance - Basic Retirement Contribution Basic Life Ins Fee - Ni Unemployee Assistance I TAXABLE TOTAL DEDUCT 4 VDISTRIBUTION Account Num 712380275	315.60           Ffer         10.67           introducion         10.77           interview         20.41           interview         20.41           interview         0.00	3,784,80 240,72 136,44 44,04 18,48 3,127,08 45,44 3,10 22,50 13,20 13,20 13,20 NET PAY 2,374,42 2,374,42	
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To return to the "Benefit Continuation" tab, click on the "Leave of Absence Intake" tab on your browser.

**14. If you want some or all benefits to lapse during the unpaid portion** of your leave, please **change the appropriate indicator(s) from "Yes" to "No".** 

Note: Once your benefits have terminated, you will not be able to re-activate coverage until you return to work in a paid status.

Please indicate "Yes"	below for each of the benefits that you wish to continue:
Medical	Yes
Dental	Yes
Vision	Yes
Employee Assistance Program	No
Accidental Death & Dismemberment	No
Long-Term Disability	Yes
Life	Yes

*If you become unpaid, HR will send you a bill for the premiums that you should have had deducted in that paycheck.* 

**15. Click "Next"** at top left to proceed to the next tab, "Supporting Document Upload".



## **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 <u>Leave of Absence Medical</u> <u>Certification</u>.

If you have completed the <u>Leave Schedule</u>, 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 <u>HRBenefits@sanjoseca.gov</u>.

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.

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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".** 

By clicking "SUBMIT" below, I acknowledge that I have read and unde	rstand the terms outlined above.		
Submission Date 08/31/22 9:13AM Save Print Leave of Absence Summary Add Enter comment bree. Comment Drag comer to stretch.			
Comments     - 2022-08-31] Juanita test for writing     EMPLID=123355, REQUEST_NBR=2 : Pending	g procedures 8 31 22		
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### 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 <u>department's designated leave</u> <u>coordinator(s)</u> 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 <u>HRBenefits@sanjoseca.gov</u> 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.