

Leave of Absence Request Change or Extension

Why would I need to change/extend my Leave of Absence?

Employees may need to submit the initial Leave of Absence Request using estimated dates. An employee may wish to alter the original request to match the accurate dates or types of absence. In some cases, the length of time off will increase or decrease while employee is on leave.

For example:

- Employee is off for their own injury and the recover extends past the anticipated date
- New parent decides they want to take additional bonding time immediately following the birth/placement versus waiting
- Family member recovery period lends itself for employee to return to work intermittently versus continuously as originally submitted

The use the “Copy LOA Application” should only be used to change Leave of Absence Requests related to the same reason and time period. If an employee requires additional time off immediately following or even simultaneously with another leave for a different reason a new Leave of Absence Request Form should be submitted.

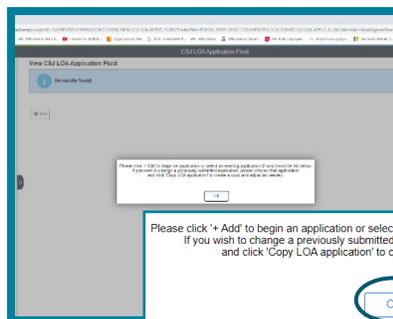
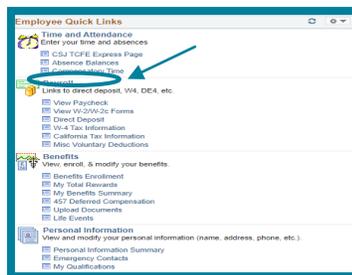
How do I make a change or extend a previously submitted Leave of Absence Request Form?

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**.

A **“Leave of Absence Request”** link will be listed there. Click this link to get started.

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



- The screen will display all previously submitted leaves. Place your cursor over the leave request you wish to change and **click to select**.

Note: You may only make changes to fully approved leaves. If your leave is still in the approval process, you may contact your department HR to assist in making the update or to request they approve.

| ID | Request No. | Name | LOA Descr | Reason | CSJ Approval Status | Dept ID | Dept Desc | Submitted | Supervisor ID | Supervisor |
|----|-------------|------|---------------|--------------------------------|---------------------|---------|---------------------------|-------------------------|---------------|------------|
| 2 | | | 2nd Baby | Pregnancy or child placement | <No longer used> | 4802 | Human Resources-Full-Time | | | |
| 3 | | | last baby | Pregnancy or child placement | <No longer used> | 4802 | Human Resources-Full-Time | | | |
| 4 | | | test | My own injury / illness | <No longer used> | 4802 | Human Resources-Full-Time | | | |
| 5 | | | test with Kat | Pregnancy or child placement | In Approval Process | 4802 | Human Resources-Full-Time | 2022-06-15-10:54:05.000 | | |
| 6 | | | test 6 | Family member injury / illness | In Approval Process | 4802 | Human Resources-Full-Time | 2022-06-17-11:05:49.000 | | |

- Your Leave of Absence Request form will open.
 - On the “Instructions/Contact Info” tab, click **Copy LOA Application** in the bottom left of page.
 - A pop up will advise that a copy of the application has been created. **Click OK**.
 - Then navigate back to **Search Results**.

Instructions / Contact Info

EmpID: [redacted] Request Number: 3 Status: [redacted]

Leave of Absence Description: [redacted]

Instructions:
 This request form is to be completed for extended leaves of absence. In general, this is defined as any leave greater than 2 weeks that is due to a "protected reason" (i.e., Birth/Placement, Employee illness, Family illness) OR any unpaid leave greater than 2 weeks.
 When possible, Leave Requests should be submitted 30 days prior to your time off.
 Please complete the form to your best ability, ensuring all required fields are complete. Be prepared with the following:
 Dates that you require time off work, either continuous or intermittently.
 Medical certification, doctor's notes, or Work Status note to show the need for time off work.
 Proof of birth/placement (for PAID Parental Leave only).
 You will be prompted to upload applicable documents within the application, however, that is not required for submission.
 Please reference Section 4 of the City Policy Manual for additional information on the City's Leave Policy. Additional guidelines are available in the City's Leave Policy Manual.
 This form should not be used for Bereavement Leave or Military Leave requests.
 The Bereavement Leave form can be found in City Policy 4.2.5.
 For Military Leaves, please contact HRBenefits@sanjose.gov for additional information.

What to expect?
 Your request will be reviewed by Human Resources to determine eligibility for protected time off. Any unprotected time off will be subject to the City's standard leave policies.

View Replacement
 With the exception of the City-Paid Parental Leave Pilot Program, your leave will not be paid by the City and you may be required to follow other policies.

Contact Information:
 While on a leave of absence, Human Resources may need to contact you. Please review the information below to ensure you are providing accurate contact information.

Edit Personal Details

Address Line 1: [redacted] Et:
 Address Line 2: [redacted]
 City: San Jose
 State: CA
 Zip Code: 95112
 Email: sjo102@oemmail.sjosegov.com

Home Phone: [redacted]

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: [redacted]
 Alternate Supervisor: [redacted]

Please complete/review all pages prior to submitting your request. Use the 'Next' and 'Previous' buttons in the upper left side of the screen to navigate. You can save (upper right) your request along the way and return to your application in progress later. If you have any questions or technical issues, please contact HRBenefits@sanjose.gov for assistance.

Delete This Application: [redacted] [redacted]

Copy LOA Application

- Click on the leave that shows a "1" in **Prior Request column**. If this is the 2nd change/extension, you would look for a "2".

| ID | Request No. | Name | LOA Descr. | Reason | CSJ Approval Status | Dept ID | Dept Desc | Submitted | Supervisor ID | Supervisor | Alternate Supervisor | All Supervisor Name | Prior Request No. |
|----|-------------|------|------------|-------------------------|---------------------|---------|----------------------------|-----------|---------------|------------|----------------------|---------------------|-------------------|
| | 1 | | | My own injury / illness | All Approved | 5112 | DOT/Dev & Geometric Design | | 108468 | | | | 0 |
| | 2 | | | My own injury / illness | Not Yet Submitted | 5112 | DOT/Dev & Geometric Design | | 108468 | | | | 1 |

The copy of the original Leave of Absence Request Form will become available for editing and resubmission. A note will be added indicating "Copied from request#1".

Review and update each tab of the request based on the change you are requesting.

Instructions/Contact Info

This tab contains the instructions for completing your LOA Request and prompts you to:

- verify your contact information and make any needed updates.
- verify your current supervisor and add the correct supervisor if the supervisor listed is not correct.

- 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).

- If you are adding additional time to your previously request leave, use the "+" to add an additional row.

Instructions / Contact Info | Leave Details | Leave Schedule | Benefit Continuation | Supporting Document Upload | Acknowledgement / Workflow | Return from Leave

Empl ID: [REDACTED] | Request Number: 2 | Status: Needs Approval

Leave of Absence Information:
Please indicate the reason for your leave below.
 *Leave of Absence Reason: [Dropdown]
 Caring For: [Dropdown]
 Leave Type: [Dropdown]
 Estimated due / placement date: [Calendar]
 Leave of Absence Other Reason: [Text Field]

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 | Absence Reason Code | Intermittent/Reduced Schedule? |
|---------------|-------------|---------------------|--------------------------------|
| 1 [Calendar] | [Calendar] | [Dropdown] | No [Radio] |

1 row

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.

Leave Schedule

Please fill out and submit and updated "[Leave Schedule](#)" so you and your department agree on what time reporting codes to use in your timecard while you are on leave. (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.

- 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.

Previous Next

Instructions / Contact Info Leave Details Leave Schedule **Benefit Continuation** Supporting Document Upload Acknowledgement / Workflow

Empl ID [REDACTED] Request Number 4

Continuation of Benefits:

In some cases, your time off 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. Please review your current elections and cost of premiums carefully when choosing to continue benefits.

Please review your current elections and cost of premiums carefully when choosing to continue benefits:
Benefit Summary
Paycheck in eWay

If this form is not completed upon submission of this application and you are on a protected (FMLA, CFRA, PDL) leave, the City will default to keep all benefits active while on PDL; the employee must make payments of both the employee and City portion of the premium(s) to continue coverage.

If you choose to continue any benefits, HR will send you a Benefits Billing Statement outlining amounts due while you are on leave. It is your responsibility to ensure you maintain your benefits coverage.

If you choose to lapse coverage, Human Resources will terminate your benefits coverage at the end of the month in which you stop receiving a City issued paycheck (no earnings) they begin unpaid leave and are responsible for the entire month's premiums prior to lapse. Once your benefits have terminated, you will not be able to re-activate coverage until returning to 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

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 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.*

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

- 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 and the changes either returns you to work earlier than originally submitted or extends the absence period, you will need to submit an updated letter provided by your/your family member's doctor or the City's standard [Leave of Absence Medical Certification](#).

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

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.

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

Acknowledgment/Workflow

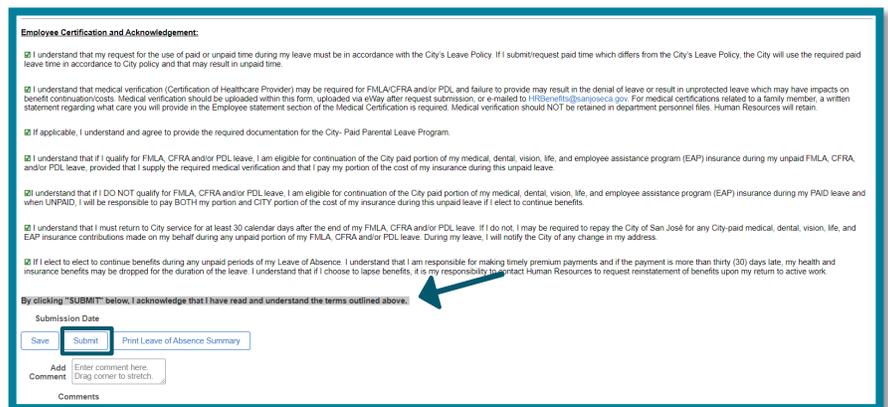
On this tab, you are provided with reminders of your responsibilities while on leave.

8. Read through each of the “Employee Certification and Acknowledgment” items carefully.

9. If you want to add a comment, click in the “Add Comment” box and type your comment, then click “Save.” You may drag bottom right corner to expand the comment area.

10. Once you have read all items and added any comments, click “Submit.”

11. 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 to 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/costs. Medical verification should be uploaded within this form, uploaded via eWay after request submission, or e-mailed to 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.

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.

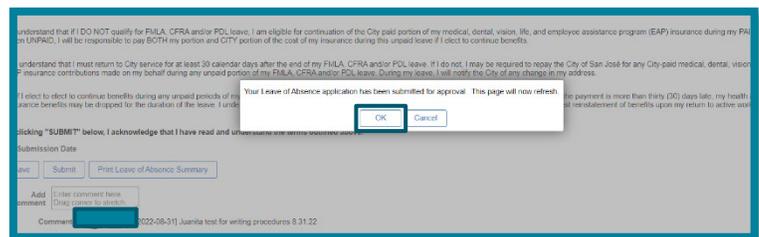
By clicking "SUBMIT" below, I acknowledge that I have read and understand the terms outlined above.

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.

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

Comments 022-08-31 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 be 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 understand the terms outlined above.

Submission Date 08/31/22 9:13AM

Save Print Leave of Absence Summary

Add Comment Enter comment here. Drag corner to stretch.

Comments - 2022-08-31] Juanita test for writing procedures 8.31.22

EMPLID=123356, REQUEST_NBR=2 : Pending

1

Pending

Multiple Approvers
CSJ LQA HR

Reviewer
63 Reviewer

Not Routed

Multiple Approvers
CSJ LQA Dept Manager

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 and 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 designated Leave coordinator 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 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.