San José State University Research Foundation

Request for Leave of Absence (LOA) Procedure

If you are taking leave of more than 7 days or a protected leave (FMLA, CFRA, PDL, Military leave), you must contact the Research Foundation HR at 408-924-1409 to request an LOA packet. This should be accomplished at least thirty days prior to the start of your leave date. In cases of an emergency request for leave, this should be done as soon as practically possible.

Employee's Responsibilities

a) Complete the following forms:
   a. Request For Leave of Absence
   b. Agreement to Reimburse
   c. Agreement to Pay Contributions
b) If your request is for unpaid leave, arrangements should be made with the Human Resources to pay for health premium contributions during the time of leave.
c) Once all forms are completed, you will need your manager's or project director's approval and signature.
d) A doctor's note is required for all medical leave requests. This note must be on the physician's letterhead and state the dates for leave. This applies to a serious medical condition for you or for immediate members of your family.
e) If you are requesting to use sick or accrued vacation hours during your leave, you or your manager also needs to submit completed timesheets with LOA forms.

Other information:

1. FMLA Brochure
2. Your Rights and Obligations as Pregnant Employee (CA Employees only)
3. CA Family Rights Act (CFRA)
4. EDD's Disability Insurance Provisions Brochure
5. Paid Family Leave Brochure

You can apply for SDI online or fill out the form which can be downloaded from http://www.edd.ca.gov/Disability/. Complete the SDI forms and mail these forms directly to the Disability Insurance office nearest your home. The address of the nearest location can be found at http://www.edd.ca.gov/Disability/Contact_SDI.htm#bylocation .

You are required to notify the Research Foundation as soon as practicable if the dates of your scheduled leave change or extend. Should you fail to return to work at the end of your approved leave, or should you fail to provide continued medical certification of need for additional leave (not to exceed leave maximums) and submit same in a timely manner, the Research Foundation will not guarantee reinstatement to your prior position, nor can it guarantee that a job will be available for you upon your return.

Returning From Leave

If your leave was for medical disability reasons, you are required to provide a return to work note from your doctor clearing you to return to work. This must be done prior to actually returning to work. If the doctor notes any temporary work restrictions, the Research Foundation will exercise its best efforts to accommodate your temporary work restrictions, based on requirements of the position and the length of time that the restrictions will extend.

You must return for at least 30 business days to complete your conditions on the medical reimbursement form. If you any have questions, please feel free to contact Ranjit Kaur at 408-924-1409.

San José State University Research Foundation

REQUEST FOR LEAVE OF ABSENCE

Name: _____

Account Number: _____   **Department/Program**: _____

Leave Period From: _____ To: _____   **Return to Work Date**: _____

TYPE OF LEAVE REQUESTED:

Personal Leave only ("unprotected" leave)

Pregnancy Disability Leave (PDL)

FMLA and/or CFRA Leave:
    Birth of a child
    Baby Bonding following birth or adoption
    Medical Leave for your own serious health condition
    Care for spouse, parent or child with serious medical
    condition (specify relationship): _____
    Care for injured military service member

Other (specify) _____

I request full time absence during leave

I request reduced schedule during leave (specify):

_____

I request intermittent absences during leave (specify)

_____

(Make sure to read the Research Foundation's Absence policy and the material in your LOA packet)

ADDRESS WHILE ON LEAVE:

_____

Tel #: _____   E-mail: _____

VACATION AND SICK TIME PAY DURING LEAVE

If you have any accrued, unused vacation or sick time, you may request to be paid for those hours during your leave. However, if you file for State Disability Insurance (SDI), your SDI checks may be offset by the amount of money you get paid from your accrual balance.

I request **Vacation Pay** during leave at the rate of _____ hours per pay period (Attach timesheet)
I do not wish to have any **Vacation Pay** during my leave
I request **Sick Time Pay** during leave at the rate of _____ hours per pay period (Attach timesheet)
I do not wish to have any **Sick Time Pay** during my leave

Please note: While on unpaid leave you will not be accruing any vacation or sick time. Employee must make arrangements with HR to pay for medical contributions and other deductions, if any, before going on unpaid leave.

EMPLOYEE SIGNATURE: _____   **DATE:**_____

Please give this form to your Director/Manager for their signature, as noted. Once signed, this form should be returned to HR. Upon HR approval you will receive Leave Designation notice from HR.

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When a Leave of Absence request is approved, the Research Foundation and the employee's department/project will comply with all applicable laws and regulations as to reinstatement of the employee upon his/her return to work following leave.

If the requested leave is for a period of time that exceeds protected leave (up to 12 work weeks for FMLA/CFRA and up to 4 months for PDL), the employee's Director and HR Director will discuss what position, if any, is available to employee upon his/her release from leave.

DEPARTMENT DIRECTOR: Please check one of the options below, and sign:

Leave approved (Note: If leave is for FMLA, CFRA, PDL, Military Leave, or other "protected" LOA's, approval is granted pursuant to applicable laws)

Leave is not approved for the following reason:

_____

 Additional Comments: _____

Director/ PI Signature: _____ Date: _____

FOR HR USE ONLY:

Employee eligible for leave pursuant to:
   CFRA (up to 12 weeks)   FMLA (up to 12 weeks OR up to 26 weeks if military service member care)
   PDL (up to 16 weeks)   Military Leave (up to five years)

Leave duration will start on the first day of employee's leave.

Leave used (days/hours): _____

   Employee not eligible for any of the above noted "protected" leaves, but is eligible for an unpaid leave of absence, in accordance with the Research Foundation policies. Employee acknowledges that this leave does not carry any guarantee of their previous job upon return. Good faith efforts will be made to return the employee to his or her previous position or to an equivalent one.

Employee has _____ accrued, unused Vacation Time hours

Employee has _____ accrued, unused Sick Time hours

COMMENTS: _____

Human Resources: _____ Date: _____

San José State University Research Foundation

AGREEMENT TO REIMBURSE

In accordance with applicable federal and state laws and regulations, San Jose State University Research Foundation will continue to pay for an employee's group health insurance premiums at the level and under the conditions of coverage as if the employee had been employed continuously for the duration of the protected leave. For FMLA and/or CFRA, payments will continue to a maximum of 12 work weeks per rolling 12-month period. For PDL, payments will continue to a maximum of 17.33 work weeks (or four months). For Personal Leave, payments will continue through the end of the month in which the employee took leave.

San Jose State University Research Foundation will not make premium contributions for a period longer than the period of protected leave allows, as noted above. San Jose State University Research Foundation shall pay the premium in good faith with the expectation that the employee exercising his or her entitlement shall return to work at the scheduled time or no later than the maximum time permitted for that particular leave of absence.

As the employee availing myself of protected leave, I agree that if I fail to return to work for at least 30 days following the end of my protected leave period for a reason other than the continuation, recurrence or onset of a serious health condition, or other circumstances beyond my control, I will reimburse the Research Foundation for the full amount of all health insurance premiums paid by the Research Foundation during my leave period, pursuant to federal and state laws, as applicable, and under the terms of this Agreement.

I have read this document in its entirety and do hereby agree to the terms as set forth in this document.

Employee Signature _____ Date _____

San José State University Research Foundation

AGREEMENT TO PAY EMPLOYEE CONTRIBUTIONS

The Research Foundation does not pay for group insurance plans during an employee's personal leave of absence for a period of more than 30 days. For an unprotected leave of absence, employee is responsible to pay for the health, dental, and vision premiums. Arrangements must be made with the Research Foundation's HR to pay for the premiums before going on leave.

For protected leave, employee must continue to pay the employee contributions to maintain health and other voluntary benefits. The monthly employee health contributions for plan year **2018** are as follows:

Medical

	Anthem Select HMO	Anthem Traditional HMO	United Health Care	Blue Shield HMO	Health Net	Kaiser Permanente	PERS Choice	PERS Select	PERS Care
Employee only	94.21	120.31	178.34	115.57	94.98	85.78	88.03	78.93	114.72
EE+1	188.41	240.62	356.68	231.15	189.97	171.57	176.06	157.85	229.44
Family	244.93	312.81	463.68	300.49	246.96	223.04	228.88	205.15	298.27

I agree to pay the monthly contributions for the period from _____ to _____

Note: If employee is enrolled in flexible spending accounts and/or voluntary products (AFLAC), employee must make arrangements to pay those premiums before or after coming back from unpaid leave.

All payments are to be made payable to SJSU Research Foundation and mailed to:

SJSU Research Foundation
Attention: Human Resources
210 N. Fourth Street, 4th Floor
San Jose, CA 95112.

I have read and understand this document, and do agree to my obligations.

Employee Signature: _____   Date: _____