

**Application for Unpaid Leave of Absence/Leave on Charges or
 Notification for employees working less than 12 months (Hiatus)**

Please complete both sides of this form and mail to HB 6042.

1. EMPLOYEE Sections 1, 3, and 4 are to be completed by the employee.

Name _____ Social Security Number _____

Position _____ Department _____ Telephone _____

Position is scheduled for less than twelve months each year (Hiatus).
 (In this case, Section 2 is not required. Go directly to reverse side of this form.)

Date requested to begin _____ Expected date of return _____

Is this a leave continuation request: _____

Reason for Leave _____

Employee Signature _____ Date _____

2. DEPARTMENT To be completed by the Department and submitted to Human Resources. This form removes the faculty or staff member from the payroll. If you have questions, please contact the Office of Employment at 646-3411 or the Benefits Office at 646-3588.

I have reviewed and understand the request made by the employee. Endorsement of this application is made with the understanding that the employee _____ IS or _____ IS NOT expected to return to the position at the expiration of the leave.

Supervisor
 Name _____ Signature _____ Date _____

Department
 Head Name _____ Signature _____ Date _____

FOR HUMAN RESOURCES DEPARTMENT USE

Benefits Office signature _____ Date _____
 (Leave of Absence, Family Medical Leave, or Hiatus)

Qualifies as FML Does not qualify as FML

Military Leave Coordinator _____ Date _____
 (for Military Leave)

Please fill out the reverse side of this form

3. Benefit Elections While on Leave or Hiatus

Before departing, you must complete this section to advise the Benefits Office of your benefit elections during your time away. If you do not make any elections, and you have medical insurance, dental insurance, or a Health Care Reimbursement Account, you will automatically be billed for the full cost of the benefit(s).

Hiatus only: check here if you are currently paying for benefits for a 12 month period during the months you are working.

BENEFIT ELECTIONS *You have the option of continuing your benefits or canceling them. Upon return, you have the option of reinstating any benefits you had before your departure.*

▪ I wish to **CONTINUE** the following benefits and understand that I am responsible for the full cost of the premium: (no medical credit will be received during this leave)

Medical Dental Employee Life Insurance Dependent Life Insurance

Health Care Flexible Spending Account

Dependent Care Flexible Spending Accounts cannot be continued while on leave according to IRS regulations.

▪ I wish to **CANCEL** the following benefits:

Medical Dental Employee Life Insurance Dependent Life Insurance

Health Care Flexible Spending Account*

**Please note that canceling a Health Care Flexible Spending Account will make the service period ineligible during the time that you are away. Claims can only be made against the account for services while the account is in effect. If you continue your account, any missed contributions may be deducted from your salary in your last paycheck before your departure in order to take advantage of the pre-tax opportunity.*

4. PAYMENT ELECTIONS

Please bill me on a monthly basis at the following address:

Telephone number while on leave _____

I agree to pay promptly and in full for the amounts billed monthly. I understand that if I do not make full payment each month, within 25 days of the due date, that my benefits will be cancelled, and I will be responsible for the outstanding balance, a finance charge of 1.5% per month, and any collection or attorney costs incurred in collecting the balance due. Upon my return, if there is any outstanding balance, I authorize the College to collect overdue amounts including finance charges, through payroll deduction.

I understand if I wish to cancel benefits while I am away, I must notify the Benefits Office in writing in advance of the date that I wish to cancel.

Signature required for monthly billing _____ **Date** _____