

HR The Office of Human Resources at Dartmouth College

7 Lebanon Street • Suite 203 • Hanover • New Hampshire • 03755-2112

(603) 646-3411 or (603) 646-3588

www.dartmouth.edu/~hrs/

Application for Unpaid Leave of Absence/Leave Own Charges

[Leave of Absence (LOA) = Staff unpaid leave / Leave Own Charges (LOC) = Faculty unpaid leave]

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

1. EMPLOYEE: *Please contact the Benefits Office to discuss benefits considerations prior to completing this form. Sections 1, 3, and 4 are to be completed by the employee. [Please note, faculty must first contact the Dean of Faculty Fiscal Office for completion of appropriate additional paperwork. Paperwork must be submitted together.]*

Name: _____ Dart ID: _____

Position: _____ Department: _____ Telephone: _____

Expected date to begin leave [mm/dd/yyyy]: _____ **Expected date of return [mm/dd/yyyy]:** _____

Is this a leave continuation request: _____

Reason for Leave: _____

Employee Signature: _____ Date: _____

2. DEPARTMENT: *Please contact your Human Resources Consultant prior to approving this form. This section is to be completed by the Department and submitted to Human Resources- Benefits. This form removes the faculty or staff member from the payroll. If you have questions, please contact the Human Resources Office 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: _____

Fiscal Officer Name: _____ Signature: _____ Date: _____

Please fill out the reverse side of this form

3. Benefit Elections While on Leave:

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 Flexible Spending Account, you will automatically be billed for the full cost of the benefit(s).

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. To reinstate, you must submit a Status Change Form. This form can be found on the Human Resources website (Forms). The Status Change form can be submitted with this Leave form or within 30 days from your date of return from Leave.

■ 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 [FSA]

[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 [FSA]*

**Please note that canceling a Health Care Flexible Spending Account [FSA] 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: _____

E-mail address 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:** _____

5. HUMAN RESOURCES- BENEFITS DEPARTMENT USE ONLY:

Benefits Office signature: _____ Date: _____
(Leave of Absence, Family Medical Leave, Leave Own Charges)

Qualifies as FML Does not qualify as FML Military Leave Confirmed with HR Consultant

HR/ Benefits Office signature (for Military Leave): _____ Date: _____

V-5 HRMS A/R COBRA E-mail / Telephone

Additional Comments/Explanation: _____