

Application for Personal Leave of Absence (LOA), and Extended Military Leave

90002510
07/10



EFFECTIVE 1/1/03, NOT APPLICABLE FOR MANAGEMENT AND FGTE NON BARGAINED FOR HOURLY EMPLOYEES. PLEASE REFER TO NEW VERIZON LEAVE FORMS

<p><u>This application is for:</u></p> <p><input type="checkbox"/> Personal Leave</p> <p><input type="checkbox"/> Medical Leave</p> <p><input type="checkbox"/> Military Leave</p>	<p><u>Employee Classification:</u></p> <p><input type="checkbox"/> Hourly-Bargaining Unit</p>
---	--

Forward completed form to:
LOA Administrator
500 Summit Lake Drive
3rd Floor
Valhalla, NY 10595
Phone: 877-275-8947
Fax: 877-786-4500

ALL INFORMATION MUST BE PROVIDED OR FORM WILL BE RETURNED

DATE:	
-------	--

Reason for requesting leave:

SECTION 1 – EMPLOYEE COMPLETES

Employee Name		Accredited Service Date
Home Address/Mailing Address		Home Telephone Number
		Work Telephone Number
Supervisor Name		Supervisor Work Phone Number
Supervisor Mailing Address/Mail Code		Supervisor Fax Number
		Supervisor Alternate Phone No.
Expected Duration of Leave/Active Duty	Last Day Worked	Last Day Paid
	Leave Start Date	Expected Return/Discharge Date

SECTION 2 – SUPERVISOR COMPLETES: AVAILABLE PAID TIME OFF

All unused current year vacation and banked vacation will be paid in a lump sum on the final paycheck. Unused personal days and carryover vacation will be forfeited at the commencement of the leave (unless prohibited by some state law or collective bargaining agreement). Employees taking Extended Military Leave may elect to take available paid time prior to the start of the leave or upon return from leave.

Vacation/Personal Days: _____ Vacation days for current year _____ Banked vacation days _____ Carryover vacation days (if applicable) _____ Personal days (California only)	For Extended Military Leave only: _____ Paid time to be taken prior to start of leave _____ Paid time to be taken upon return to work
---	---

SECTION 3 – SUPERVISOR COMMENTS

Please use this section to document state-specific laws, contractual agreements or extenuating circumstances pertinent to this request for leave, including reasons for recommending approval/denial of this request.

SECTION 4 - SIGNATURES

Supervisor's Printed Name	Supervisor Approval Signature	Date
Department Director/GM Printed Name	Department Director/GM Approval Signature	Date

The policy statement on the reverse side of this form must be read and signed by the applicant.

SECTION 4 – PERSONAL LEAVE OF ABSENCE POLICY ACKNOWLEDGEMENT

I understand that unless provided otherwise in a collective bargaining agreement or state law, the following apply:

- Personal leaves of absence must be approved by the departmental Director/General Manager.
- The leave of absence I have applied for is an UNPAID leave and MAY NOT EXCEED SIX MONTHS. CA Medical leave of absence MAY NOT EXCEED EIGHTEEN MONTHS.
- My benefits will continue until my last day paid.
- COBRA coverage is available for medical, dental and Flexible Reimbursement Healthcare Account. (The Benefits Center can be reached at 877-489-2367).
- I must contact Marsh @ Work Solution at (800) 336-9427 to continue Group Universal Life (GUL) coverage or the Verizon Benefit Center at 877-489-2367 to continue Supplemental Life coverage.
- It is my responsibility to provide satisfactory documentation to support the request for a personal leave of absence.
- All unused current year and banked vacation will be paid in a lump sum in the final paycheck preceding commencement of the leave.
- All unused personal days and carryover vacation will be forfeited at commencement of the leave, unless prohibited by state law or collective bargaining agreement.
- If I become employed with another company, self-employed, or file for unemployment benefits during my leave, my LOA will end and my status will be changed to separated.
- If I wish to return to work and I cannot obtain another position with Verizon, my separation date will be my last day paid.

Employee Signature

Date

SECTION 5 – EXTENDED MILITARY LEAVE POLICY ACKNOWLEDGEMENT

I understand that unless provided otherwise in a collective bargaining agreement or state law, the following apply:

- When I receive Military Orders for active service, I must notify my supervisor immediately.
- If the military orders are for over 30 calendar days, I must complete this form and attach my military orders for my supervisor and Director/General Manager approval.
- The extended military leave is unpaid.
- My medical, dental, life insurance and Flexible Reimbursement Account benefits stop on the last day paid.
- Short-term disability and long-term disability coverage will stop on the last day worked.
- COBRA coverage is available for medical, dental, and the Flexible Reimbursement Healthcare Account. (The Benefits Center can be reached at 877-489-2367).
- I must contact Marsh @ Work Solution at (800) 336-9427 to continue Group Universal Life (GUL) coverage or the Verizon Benefit Center at 877-489-2367 to continue Supplemental Life coverage.
- I can elect to take vacation/banked vacation prior to the start of unpaid leave.
- To be eligible for reinstatement rights, I must be available to return to work within 90 calendar days after completion of my tour of duty, and I must show proof of honorable military discharge.

Employee Signature

Date