

**Instructions
For Completing
Application
For Enhanced
Educational Leave
of Absence**

(Non-Management)

Please read the instructions, the Application and the Conditions for Leave on the back of the Application completely before filling out the Application. Your supervisor will review the Conditions for Leave with you before you sign this Application. If there's something you don't understand or want more information about, be sure to ask your supervisor.

1. **Part 1: Employee Information** Please provide all the information requested in this part. If your address while you're on leave will be the same as your mailing address, write "same as above" in that space. If you're not sure of the answer to some of the information requested, for example your net credited service date, ask your supervisor.
2. **Part 2: Request for Leave** Please check whether you're requesting a leave or an extension of a leave and provide the dates you would like your leave to begin and end. You can take up to a total of 24 months of Enhanced Educational Leave. Briefly describe the reason for the leave.
3. **Part 3: Acknowledgements** You and your supervisor *must* sign this section *after* your supervisor has reviewed the Conditions for Leave with you. District Level approval is required.
4. **Part 4: For Benefits Delivery Office Use Only** Do not write anything in this part.
5. After completing the application, please make a copy for your records. and send the original to the Benefits Delivery office for approval.





**Application for Enhanced Educational
Leave of Absence
(Verizon - North Associate Employees)**



G2518-EEL (NM)
3-05

Please Print or Type

Part 1: Employee Information

Name of Employee: Last	First	Middle Initial
Mailing Address:	Office Telephone Number:	
	Social Security Number:	
Payroll Code:		
Net Credited Service Date:	Company Department:	
Job Title:	Department Contact (name):	
Address During Leave:	Department Contact Phone Number:	
	Department Address:	
Telephone Number During Leave:		

Part 2: Request for Leave

_____ I request a leave of absence, to begin on _____ and to continue through _____

_____ I request an extension of a leave of absence, to begin on _____ and to continue through _____

Reason for Leave: _____

Part 3: Acknowledgements

I hereby apply for an Enhanced Educational Leave of Absence, in accordance with the Company's Leave Program and subject to the conditions on the back of this form. I have read and understand these conditions, including that the maximum Enhanced Educational Leave cannot be greater than 24 months.

Employee's Signature: _____ Date: _____

The above employee has applied for an Enhanced Educational Leave of Absence. I have reviewed the Verizon Leave Program and the conditions of the leave with the employee.

Supervisor's Signature: _____ Date: _____

District Level Signature: _____ Date: _____

Part 4: For Benefits Delivery Office Use Only

Approved by the Benefits Delivery Office

Signature: _____ Date: _____

Date Leave Begins: _____ Date Leave Ends: _____

Please Read Conditions Before Signing

Conditions for Leave

Please read these Conditions for Leave before you complete your Application.

Salary Continuation Enhanced Educational Leave is an unpaid leave of absence.

Health Care Coverage Your coverage continues for your entire leave on the same basis as when you were an active employee.

Group Life Insurance Your Basic Group Life Insurance and Accidental Death and Dismemberment Insurance continue throughout your entire leave of absence. Any Supplementary Life Insurance and Dependent Life Insurance you have continue until the end of the calendar month in which your leave begins. You may continue these coverages during your entire leave by paying the premiums. You may also reduce the amount of your Supplementary Life Insurance and Dependent Life Insurance coverages or stop your coverages while you're on leave. If you reduce or stop your coverages, they will be reinstated to the level you had before your leave began if you submit a Statement of Health within 31 days after returning to active employment and it's approved by the insurance company. If you don't submit a Statement of Health, or if you submit one and it isn't approved, your coverages won't be fully reinstated. You may apply to enroll for or increase the amount of Supplementary Life Insurance and Dependent Life Insurance any time after returning to work. You must submit a Statement of Health when you apply to increase or enroll for Supplementary and Dependent Life Insurance. Your insurance will become effective on the day the insurance company approves the Statement of Health.

Service Credit You earn service credit for the entire approved period of Enhanced Educational Leave.

Retirement Benefits Your right, if any, to receive a retirement benefit continues for the entire leave.

Savings Plan Participation If you participate in the Verizon Savings Plan, all allotments are suspended during the entire unpaid leave. Allotments will resume automatically when you return to active employment. You can make allotment/future investment changes while on leave to take effect when pay resumes. You can also transfer past balances and take advantage of the plan's withdrawal provisions. If you have an outstanding loan, you will receive a coupon book to use to make payments during your leave.

Dependent Care Spending Account Participation If you participate in the Dependent Care Spending Account Plan, no deposits will be made to your account while you're on leave. Deposits will resume automatically if you return to work during the same calendar year, and you may change the amount of your deposits within 31 days of your return if you have a qualifying lifestyle change. If you return to work in a different calendar year deposits will not resume automatically, you must re-enroll within 31 days of your return to work.

Sickness Disability Benefits If you become disabled by sickness or injury while on Enhanced Educational Leave, your leave will be terminated. You will receive Verizon Sickness and Accident Disability Benefits if you are no longer enrolled as a full-time student. If you continue to be enrolled as a full-time student, you will be eligible for benefits from the Verizon Sickness and Accident Disability Plan as of the date you were scheduled to return to work from your leave.

Death Benefits If you're a non-management employee hired before January 1, 1987, your mandatory beneficiaries may be eligible to receive a Sickness Death Benefit if you die during your leave.

Vacation Please discuss your vacation options and the vacation carry over rules with your supervisor before your leave begins. You can't receive payment for unused vacation days while you're on leave.

Holidays You aren't entitled to a day off in lieu of a holiday which occurs while you're on leave.

Guaranteed Reinstatement You are guaranteed reinstatement to your former job or one of similar pay and status if you return to work as scheduled. If you need to extend your Enhanced Educational Leave beyond the time agreed to, you should notify your Department immediately. If an extension of your leave is approved, a new date will be established for your return to work.

Paid Employment While on leave, you may not accept paid employment during your normal work hours.

Disclaimer

If you cease to be enrolled on a full-time basis, your leave will be terminated. Verizon reserves the right to request verification of enrollment.