

# Application For Personal Leave Of Absence

20-747  
11-05



Company Name  Verizon of _____		Status <input type="checkbox"/> Associate	Classification <input type="checkbox"/> Term <input type="checkbox"/> Regular <input type="checkbox"/> Temporary		Scheduled Hours <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Net Credited Service Date	
Employee's Name (Last, First, M.I.)					Title			
Social Security Number		Department			Responsibility Code		Work Telephone No. ( )	
Employee's Work Address (Street)			Room	Floor	City		State	Zip Code
Employee's Address During Leave (Street)			City		State	Zip Code	Telephone No. During Leave ( )	
Supervisor's Name			Telephone No.		Supervisor's Address			
Scheduled Work Days (Week of Leave) <input type="checkbox"/> Sun. <input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat.					Pay Period <input type="checkbox"/> Wkly <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Semi-mo <input type="checkbox"/> Monthly			

**Reason For Leave:** (check One)

- Union Business (1)     
  Military (2)     
  Education (3)     
  Disability (4)     
  Other (5)  
 (Refer to HR Guidelines for further conditions of the above leaves)

"For additional support, would you like to be contacted by a member of the Veterans' Advisory Board of Verizon VABVz on the eWeb at [http://eweb.verizon.com/company/corpinfo/resource\\_grps/vabvz/](http://eweb.verizon.com/company/corpinfo/resource_grps/vabvz/) "  Yes  No

- (1) Union authorization must be attached to application
- (2) Military orders must be attached to application
- (3) Proof of enrollment in accredited school and a copy of the school calendar must be attached to application; 1st day of leave must be the 1st day of the semester.
- (4) If reason for leave is disability and employee is not entitled to sickness benefits, enter date following expiration of 52 weeks as first date of leave.
- (5) Must explain reason for leave: \_\_\_\_\_

**Leave Dates:**

Initial Leave      From \_\_\_\_\_ To \_\_\_\_\_  
 Extension of Leave      From \_\_\_\_\_ To \_\_\_\_\_

Have you taken a leave of absence in the past 12 months:     Yes                       No

**I HAVE READ AND UNDERSTAND THE CONDITIONS OF LEAVE/BENEFITS ELIGIBILITY ON THE REVERSE OF THIS FORM**

**Signature (Employee)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature (Director or Above)** \_\_\_\_\_ **Date** \_\_\_\_\_

Director – Benefits Administration     
  Approved     
  Disapproved

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Benefits Eligibility While on Personal Leave

Item	Union	Military	Education	Disability	Other
Maximum Duration	Per terms of union contract.	Duty period plus reinstatement rights.	Management Associates = 1 yr (5) = 2 yrs (5)	1 year (1)	1 year (5)
Service Credit	Full	Full if returns	Up to 1 year	No (1)	Up to 1 year
Sickness Benefits	No	If disabled at end of leave.	No	No	No
Death Benefits	(2)	(2)	(2)	(2)	(2)
Medical/Dental	IBEW – The Company pays premium for: Medical, Dental. CWA – The Company pays  Premiums for: Medical	No, but can continue contributions via COBRA.	Employee pays	Employee pays	Employee pays
Employee Life/AD &D	Employee pays for coverage over Basic	Company pays up to 1 Year for one time Basic and AD&D coverage, if applicable.	Company pays up to 1 Year for one time Basic and AD&D coverage, if applicable.	Employee pays for Coverage over Basic	Employee pays for coverage over Basic
Dependent Life/ Dependent AD&D	Employee pays	Employee pays	Employee pays	Employee pays	Employee pays
Vision	Employee may continue with contributions. IBEW - Company Paid	No, but can continue contribution via COBRA.	Employee pays	Employee pays	Employee pays
LTD	No	No	No	No	No
Health Care	Contributions and claims may continue per plan terms via COBRA	Contributions and claims may continue per plan terms via COBRA	Contributions and claims may continue per plan terms via COBRA	Contributions and claims may continue per plan terms via COBRA	Contributions and claims may continue per plan terms via COBRA
Dependent Care Reimbursement	Contributions suspended, Claims permitted for expenses incurred through the plan year.	Contributions suspended, Claims permitted for expenses incurred through the plan year.	Contributions suspended, Claims permitted for expenses incurred through the plan year.	Contributions suspended, Claims permitted for expenses incurred through the plan year.	Contributions suspended, Claims permitted for expenses incurred through the plan year.
Savings Plan	Contributions suspended, withdrawals and loan request allowed.	Contributions suspended, withdrawals and loan request allowed.	Contributions suspended, withdrawals and loan request allowed.	Contributions suspended, withdrawals and loan request allowed.	Contributions suspended, withdrawals and loan request allowed.
Reinstatement Guarantee	To job of like status and pay within the Verizon region.	Following satisfactory discharge (4)	Management - To job of like status and pay within the Verizon region. (3)  Associate - No	No	No

**Footnotes applicable to Benefits Eligibility While on Personal Leave chart.**

- (1) Up to 1 year Employee who have expired SADBPs will not receive service credit.
- (2) If eligible on the day preceding the start of the leave, the same eligibility continues.
- (3) Reinstatement to a job of like status and pay within the Verizon region. Reinstatement is always subject to force readjustments applicable to the employee's work group.
- (4) And with reinstatement rights period (30 to 90 days).
- (5) Employee on a leave of absence, cannot be compensated as either an employee, an employee on a contractual basis or as a consultant to Verizon or any other entity.

**Return form to:**

**Verizon Benefits Center  
13100 Columbia Pike  
A-19  
Silver Spring, MD 20904**