



Human Resources

Personal / Leave Without Pay Procedures



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Information Sheet

<u>Leave of Absence Type:</u> Personal / Leave Without Pay	<u>With or Without Pay</u> Without Pay
<u>Leave Descriptions:</u> A leave of absence without pay for personal reasons.	
<u>Eligibility Requirements:</u> Must be a full or part-time employee (does not include temporary, hourly or contract employees) at New Jersey City University.	
<u>Status of benefits while on leave:</u> <ul style="list-style-type: none">• Health – Full premium paid by employee or option to waive benefits.• Dental – Full premium paid by employee or option to waive benefits.• Prescription- Full premium paid by employee or option to waive benefits.• Pension – No Contributions are made to the State of New Jersey.• Life Insurance – No contributions are made to the State of New Jersey.• Sick – Does not accrue.• Vacation – Does not accrue• Administrative – Does not accrue.	
<u>Approval Process:</u> <ul style="list-style-type: none">• For full and part-time staff: approval of supervisor/Department Head, and vice president of division are needed.• For Faculty: approval of Department Chair / Dean and Provost are needed.	
<u>Monitoring Process:</u> Employee must visit the Human Resources Department to complete necessary paperwork.	
<u>Extension Process:</u> Employee must complete a new Leave of Absence Request Form and follow approval process.	
<u>Return Process:</u> Employee must visit the Human Resources Department to complete necessary paperwork.	
<u>Required Documents for Personal Leave of Absence:</u> <ul style="list-style-type: none">• Request for Personal Leave of Absence Form• A letter disclosing reasons for personal leave of absence.	



Personal Leave Procedures

1. Employee should obtain a Request for Personal Leave of Absence from the Human Resources Department, Hepburn Hall 105.
2. Employee must obtain approval from his/her corresponding pointing authorities. (see information sheet/ approval process:)
3. Employee must make an appointment with the Benefit's Unit representative to discuss leave entitlements while on a Personal leave.

Personal leave's Frequently Asked Questions

Q. Will I receive health, dental and prescription benefits while on personal leave?

A. The employee has the option to pay the premium for health, dental and prescription coverage for the period in which the leave will take place. The employee is responsible to pay the full premium rate/ cost per month. If the employee is not able to afford payment, he/she has the option to waive benefits.

Q. Will my vacation, sick, and administrative time still accrue while I am on a personal leave?

A. No, there is no accrual of leave time during this period.

Q. Will I receive pension & Life Insurance while on a personal leave?

A. No, there will no contributions made to the State of New Jersey.

Q. What happens to my anniversary date when I take a leave of absence without pay?

A. The anniversary date is moved for every day the employee is out on leave.



Request for Personal Leave of Absence

(For Personal leave which does not qualify for Family Medical Leave Act, NJ Family Leave Act or Family Leave Insurance) To be completed by employee (Please type or print)

Name of Employee: _____ Division/ Dept.: _____

Address: _____ Supervisor: _____

Employee Telephone No: _____

Reason for requested Personal Leave: (Please state reason below)

I request an extended leave of absence without pay effective as of the start of business on _____ and to end as of the close of business on _____.

I understand that continuation of my health benefit's insurance coverage is contingent upon my making satisfactory arrangements for premium payments. I understand and hereby agree to call the Benefits Office at (201) 200-2335 upon approval of any leave time to insure timely payment, where necessary, to continue coverage or to waive benefits.

I am requesting to be absent from work for the reason and period of time stated herein. I understand that the final approval of this request is firmly granted by the pointing authorities of my division. I also understand that while under a personal leave, New Jersey City University cannot guarantee that a position will be available.

I understand that if I do not contact New Jersey City University within five days following the end of my leave, it will be determined that I have elected to resign.

I intend to draw down the following accrued time upon department approval (check all that apply):

_____ Vacation days _____ Administrative days _____ compensatory days.

Signature: _____ Date: _____

Approvals:

Leave of Absence determination: _____ approved _____ not approved

as requested from: _____ to _____ to return on: _____

Department Head/Chairperson/ Dean: _____ Date: _____

Vice President/ Provost (Division) : _____ Date: _____

Vice President Human Resources: _____ Date: _____