1. **Policy Summary**

Employees may be eligible for an unpaid family leave in the event of: (1) incapacity due to pregnancy, prenatal medical care or the birth of a child; (2) to care for the employee’s child after birth, or the placement of a child for adoption or foster care; (3) to care for the employee’s spouse, domestic partner, son or daughter, or parent, who has a serious health condition; or (4) a serious health condition that makes the employee unable to perform the employee’s job.

Such leave will be counted as part of the employee’s entitlement to leave under the federal Family and Medical Leave Act (“FMLA”), unless previously exhausted.

2. **Procedures for Completing the LOA Application**

At least 30 days prior to your anticipated leave start date, complete and sign this application form and submit it to your supervisor. The application form should then be forwarded to Human Resources at SP211, at least two weeks prior to the leave start date except in cases of a bona fide emergency situation. If the need for a leave is unforeseeable, this application must be submitted the day the leave commences, or as soon as practical.

3. **Duration of Leave**

Leave will be counted as part of the entitlement to family and/or medical leave under the Family and Medical Leave Act (“FMLA”) and the California Family Rights Act (“CFRA”), if applicable. The maximum leave available is 12 weeks of FMLA/CFRA leave during the 12-month period. For the purpose of calculating the 12 week maximum, any other disability leave, occupational disability leave or family leave taken during the 12-month period will be
included. Prior leave taken under California Pregnancy Disability Leave (PDL) will not be included in computing the 12 week maximum. The "12-month period" is measured forward on a rolling calendar basis from the date of employee's first use of leave.

If, near the end of a Family Medical Leave, your condition or your family member's condition continues to be disabling and you desire an extended period of leave, you may apply for a personal leave prior to the end of your Family Medical Leave. You may request a Personal Leave of Absence Application from Human Resources. Requests for a leave extension through a Personal Leave of Absence must be submitted 30 days prior to the end of the Family Medical Leave, or as soon as practical.

4. Certification Requirement

A. When leave is requested for your own serious health condition, you must provide medical certification from your physician, which states the date, if known, on which the serious health condition commenced, and the probable duration of the condition. The certification should also state that due to the condition, you are unable to perform one or more of the essential functions of your position.

B. When leave is requested to care for a family member (child, spouse or parent), you must provide medical certification which states the date, if known, on which the serious health condition commenced, the probable duration of the condition, an estimate of the amount of time needed to care for the individual, and a statement that the serious health condition warrants the participation of a family member to provide care.

C. When the leave request is for the birth, adoption or foster care of a child, you must provide a birth, adoption or foster care record.

5. Continuation of Pay

A. Serious Health Condition of the Employee

You have the choice of taking an unpaid leave of absence or you may elect to use accrued ESL, SBL, and/or PPL hours coordinated with California State Disability Insurance (SDI) or Florida Short Term Disability Insurance (STD).

Please choose from the options below:

__ I choose to utilize my accrued ESL, SBL, and/or PPL hours during my leave.
__ I choose not to utilize my accrued ESL, SBL, and/or PPL hours during my leave.
__ N/A I am not eligible for ESL, SBL, and/or PPL accrual.
__ I will/will not apply for SDI or STD.* (Circle one)

California Employees: You are responsible for completing and submitting a SDI application to the California Employment Development Department (EDD). These forms are available in Human Resources, from your physician or the EDD.

Florida Employees: You are responsible for completing and submitting a STD application to the insurance company, Prudential Financial. These forms are available in Human Resources and the TSRI website.

*If you do not make a selection for SDI or STD, it will be assumed you are applying and pay will be coordinated, if applicable.
B. Birth of Child, Adoption or Foster Care, Care for Family Member

You have the choice of taking an unpaid leave of absence or you may elect to use accrued ESL, SBL, and/or PPL hours during the above leave types as specified by TSRI’s Administrative Guidelines. California Employees can choose to have your ESL, SBL, and/or PPL hours coordinated with Paid Family Leave (PFL) during the above leave types. See Human Resources for further information regarding pay during these leaves.

Please choose from the options below:

__ I choose to utilize my accrued ESL, SBL, and/or PPL hours during my leave.
__ I choose not to utilize my accrued ESL, SBL, and/or PPL hours during my leave.
__ N/A I am not eligible for ESL, SBL, and/or PPL accrual.
__ I will/will not apply for PFL (California employees only)* (Circle one)

California Employees: You are responsible for completing and submitting a PFL application to the California Employment Development Department (EDD). These forms are available in Human Resources or the EDD.

*If you do not make a selection for PFL, it will be assumed you are applying and pay will be coordinated, if applicable.

6. Continuation of Benefits

Medical and Dental Insurance

A. Employer Contributions

If you are covered under TSRI’s medical and dental insurance plans, TSRI will continue its normal contribution toward your medical and dental insurance premiums for 12 weeks during any Family Medical Leave taken during the designated 12 month period.

B. Employee Contributions

While receiving pay from TSRI (ESL, SBL, or PPL), deductions for health benefit coverage’s that were being made prior to the leave will continue. If a leave becomes unpaid due to depletion of paid leave balances, deductions will accumulate in arrears and will be deducted from the first paycheck(s) upon return to work.

Other Benefits

Voluntary Life Insurance, Long-Term Disability Insurance, Health Care Spending Account, Dependent Life and Group Term Life benefits will continue for the length of the approved Leave of Absence. Premiums for these benefits during the paid portion of the leave will continue to be deducted from your payroll check.

If a leave becomes unpaid due to depletion of paid leave balances, deductions will accumulate in arrears and will be deducted from the first paycheck(s) upon return to work.
Dependent Care Spending Account (DCSA) deductions will automatically cease during a leave. When you return from leave, you may restart your DCSA by submitting a new Benefit Coverage Change form to Human Resources within 31 days of your return.

When a leave becomes unpaid, employees are not eligible for holiday pay nor do they accrue PPL, SBL, or ESL until they return to work.

If you do not return to work after the expiration of the leave, you will be required to reimburse TSRI for all insurance premiums paid by TSRI during the leave.

7. COBRA

If your leave of absence exceeds 12 weeks and you desire to continue medical and/or dental insurance coverage beyond the 12 weeks paid by TSRI, you may exercise your rights under the provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA). However, if a Personal Leave of Absence is granted beyond 12 weeks (at TSRI’s sole and exclusive judgment), benefits may be continued until such time paid leave balances are depleted. Once a Personal Leave becomes unpaid the employee may then exercise his/her rights under COBRA. Information on this may be obtained from a Benefits Representative in Human Resources.

If you are a participant in the Health Care Spending Account (HCSA) and your leave of absence exceeds 12 weeks, you may continue your participation through COBRA. If you do not choose the COBRA option, you must submit a new Benefit Coverage Change Form to Human Resources within 31 days of your return from leave in order to restart your HCSA.

If you do not choose the COBRA option, medical and dental benefits will be restarted at the time you return from your approved LOA without evidence of insurability or a new pre-existing condition applying.

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8. Requirements to Return to Work from a Family Medical Leave

If the leave was due to your own medical condition, a healthcare provider’s certification that you are fit for duty is required prior to your return from your leave. If applicable, the healthcare provider’s statement must also specify any work restrictions recommended and for what period of time they apply. If your healthcare provider requires a list of essential job functions, one may be requested from Human Resources.

9. Reinstatement at Conclusion of Leave

TSRI will reinstate an employee to his or her former or comparable job if he or she returns from a family medical leave immediately following the expiration of approved leave, unless the employee would not otherwise have been employed if leave had not been taken.

Effective: 01/01/2018
However, if a family medical leave exceeds 12 weeks and you later express a desire to return to employment at the Institute, TSRI will evaluate your potential for reinstatement.

10. Failure to Return at Conclusion of Leave

Failure to return to work at the end of the approved leave will be deemed a voluntary resignation, unless approval for an extension is granted by the supervisor and the Human Resources Department one week prior to the end of the leave.

I have read the terms and conditions for a LOA contained in all five pages of this application and understand and agree to my obligations. I recognize that I am responsible for my benefit premiums as defined in the application and realize that failure to make payment will result in loss of coverage for myself and my dependent(s). I authorize TSRI to deduct the necessary insurance premiums from my paycheck(s) upon my return to work if I should go unpaid during my leave.

Employee’s Signature________________________________________Date___________

Supervisor’s Signature________________________________________Date___________

For additional information about your Family Medical Leave rights and responsibilities, please visit TSRI’s Leave of Absence Administrative Guideline at http://www.scripps.edu/adminguide/hr/hrguide1_36.html, or make a request for a hard copy.

For questions regarding leave of absence, call Benefits Administration at 858-784-8487.

California Employees, please return completed LOA application to Benefits Administration, 10550 North Torrey Pines Rd., maildrop SP211, La Jolla, CA 92037.

Florida Employees, please return completed LOA application to Christine Ng-A-Fook, 130 Scripps Way, maildrop 3B2, Jupiter, FL 33458.