1. **Policy Summary**

TSRI allows eligible employees the opportunity to take time off for personal reasons. Personal leaves of absence are discretionary based on the sole and exclusive judgment of TSRI. The employee’s supervisor will evaluate the needs of the lab/department/unit and make a determination if an employee’s request for personal leave can be accommodated.

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 (maildrop SP211 in CA, 3B2 in FL), at least two weeks prior to the leave start date.

Changes to the approved return to work date must be requested in writing and authorized as an extended LOA.

3. **Duration of Leave**

Personal leaves of absence may not exceed 12 months in length.

4. **Continuation of Pay**

   A. If the leave request is for a non-medical reason, PPL hours, if available, must be used from the commencement of the leave.

   B. If the leave request is for a medical condition (for example, continuation of leave after a 12 week Family Medical Leave), any available ESL or SBL should be exhausted, followed by any PPL balance.
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 or PFL 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.

5. **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 a maximum of 12 weeks. TSRI will continue its normal contribution toward your medical and dental insurance premiums for the paid portion of a medical personal leave beyond FMLA leave.

   b. **Employee Contributions**

   While receiving pay from TSRI (ESL, SBL, or PPL), deductions for health benefit coverages 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.

6. COBRA

If your leave of absence exceeds 12 weeks and you desire to continue medical and 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). An employee who is on a medical personal leave after exhaustion of FMLA leave will be offered COBRA when the leave becomes unpaid due to the depletion of paid leave balances. 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.

### 2018 Monthly Medical and Dental Rates under COBRA

<table>
<thead>
<tr>
<th></th>
<th>Medical Comprehensive</th>
<th>Medical HDHP PPO</th>
<th>CA HMO</th>
<th>FL EPO</th>
<th>Dental</th>
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<tr>
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<td>$1380.84</td>
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<td>$106.22</td>
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</table>

7. Reinstatement at Conclusion of Leave

By granting a personal leave, your supervisor has made a commitment to attempt to return you to your same or comparable position. Your supervisor will make every attempt to place you in a job upon return; however, there is no guarantee that you will be reinstated.

8. 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.

Failure to return to work at the end of the approved leave will be deemed a voluntary resignation. If you later express a desire to return to employment at the Institute, TSRI will evaluate your potential for reinstatement.

I have read the terms and conditions for an LOA contained in all four 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 Personal Leave rights and responsibilities, please visit TSRI’s Leave of Absence Administrative Guideline at http://www.scripps.edu/adminguide/hr/hrguide1_40.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 at 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.