



NATIONAL RADIO ASTRONOMY OBSERVATORY
OPERATED BY ASSOCIATED UNIVERSITIES, INC.
UNDER COOPERATIVE AGREEMENT WITH THE NATIONAL SCIENCE FOUNDATION
LEAVE OF ABSENCE

To Be Completed By Employee

Employee Name: _____ RAO No.: _____ Division: _____

Classification: _____ Account No.: _____

Forwarding Address: _____ Telephone No.: _____

Group Insurance Coverage:

Continuation of group insurance while on leave of absence for other employment is not permitted if the other employer offers equivalent coverage or the other employer is an agency, grantee, or prime contractor of the Federal Government, which will provide coverage under its insurance program. For all other employees on leave of absence, basic life insurance will continue to be provided at no cost for up to one year. Other insurance coverage may be continued for up to one year by prepaying the appropriate premiums. For additional information and rates, see **Continuation of Group Health Insurance**.

Type of Coverage	Currently Enrolled	Suspend	Continue	Cost per Period	No. of Periods	Employee Cost
Group Medical Insurance						
Dental Insurance						
Supplemental Group Life Insurance						
Supplemental Group AD&D Insurance						
Long Term Disability						
Total Cost						

Flexible Spending Account(s):

- Discontinue
- Continue annual amount for available pay periods (monthly deduction will increase)
- Apply changes indicated on the attached Healthcare & Dependent Care Reimbursement Accounts enrollment application

Disposition of Final Paycheck: Release to Employee Deposit Mail to Employee

I understand that during the Leave of Absence period there is no accrual of vacation or sick leave benefits. Failure to return to work from a Leave of Absence is considered a voluntary resignation.

Employee Authorization: _____ Date: _____

For Division Use Only

Type of Leave FMLA Extended Vacation Other Employment Long Term Disability
 Other, specify: _____

Effective Date: _____ Last Day of Work: _____ Date of Expected Return: _____

Accrued Vacation to be Paid: _____ hours Held on Account: _____ hours

Approvals: _____ Date _____ Director _____ Date _____
Assistant/Associate Director Date Director Date

For Human Resources Use Only

Effective Date of Leave of Absence: _____

Eligible for Health Insurance Continuation: Yes, with regular premiums
 Yes, COBRA premiums (reference attached COBRA enrollment)
 No

Leave of Absence Approved: _____ Date _____ Effective Date of LOA _____
Human Resources Manager Date Effective Date of LOA