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# Instructions for Enhanced Educational Leave of Absence Application

## New York/New England Bargained for Employees

Please review the Conditions for Leave within the Enhanced Educational Leave of Absence Guidelines. Your supervisor should review the Conditions for Leave with you before you sign this application.

Leaves over 30 calendar days must be entered into Manager's Self Service (MSS) by the employee's supervisor.

**Part 1: Employee Information** Please provide all required information. If you are not sure of the answer to some of the information requested, for example your net credited service date, ask your supervisor.

**Part 2: Request for Leave** Please check whether you're requesting a leave or an extension of a leave and provide the dates you would like your leave to begin and end. The Enhanced Educational Leave must be taken for a minimum of six (6) consecutive months. You can take up to a total of 24 months of Enhanced Educational Leave.

**You must also provide proof of full-time enrollment in an accredited college, university or technical institute.**

**Part 3: Acknowledgements** After your supervisor has reviewed the Conditions for Leave with you; you, your supervisor and Director must sign this section.

After completing the application, please make a copy and keep it for your records

If you have any questions, please contact 1-800-638-4228 or send an e-mail to: [verizonleavemanagement@Sedgwickcms.com](mailto:verizonleavemanagement@Sedgwickcms.com)

**Application for Enhanced Educational Leave of Absence  
(New York and New England Bargained for Employees)**

G2518 – EEL  
2018

**Part 1: Employee Information**

Employee Name:

Employee's EMPLID:

Employee's NCSD:

Employee's Address during Leave:

Employee's Telephone # during Leave:

Department Contact:

Department Contact Telephone #

Supervisor's Name:

Director's Name:

**Part 2: Request for Leave (Please check all that apply)**

- Full Time Leave, to begin on \_\_\_/\_\_\_/\_\_\_ and to continue through \_\_\_/\_\_\_/\_\_\_
- Extension of Leave, to begin on \_\_\_/\_\_\_/\_\_\_ and to continue through \_\_\_/\_\_\_/\_\_\_

The Enhanced Educational Leave must be taken for a minimum of six (6) consecutive months.

**Part 3: Acknowledgements**

I hereby apply for an Enhanced Educational Leave of Absence, in accordance with the Enhanced Education Leave of Absence Guidelines and subject to the Conditions for Leave. I have read and understand these conditions. Please read Conditions for Leave before signing.

Employee Signature:

Date:

The above employee has applied for an Enhanced Educational Leave of Absence. I have reviewed the Enhanced Education Leave of Absence Guidelines and the Conditions for Leave with the employee.

**I have reviewed employee's supporting documentation and have confirmed that the employee is enrolled in an approved educational program on a full-time basis.**

Supervisor Signature:

Date:

Director Signature:

Date: