

FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT  
Office of Human Resources & Equal Opportunity

CSEA RECESS FORM

To: \_\_\_\_\_ 10 Month, 11 Month or Academic Day Only  
Employee Name (please print) (circle one)

From: Kristine Paulsen, Human Resources

Date: May 10, 2005

Since your work year includes a period in non-paid status (recess) **between the last day of the spring academic term and the first day of the fall academic term**, we need the following information to pay you correctly for the period of time prior to and after your recess. Please note non-paid status must be either four consecutive weeks or one month for eleven-month employees and eight consecutive weeks or two months for ten-month employees. For Academic Day Only employees the recess period is from June 27, 2005 to September 21, 2005.

Please complete and sign the lower portion of this form. After your Administrator/Supervisor signs the form, return to Human Resources.

Please note that employees who have reasonable assurance of returning to work after a period in non-paid status are ineligible for unemployment insurance benefits during the recess period. Nevertheless, you may file an unemployment insurance claim and your entitlement to unemployment benefits will be determined by the Employment Development Department, not the District. If for some reason not now anticipated, your employment is terminated before you are scheduled to return to work, you will be entitled to retroactive unemployment insurance benefits if you are otherwise eligible for the benefits and if you make a claim for retroactive benefits no later than 30 days following your return from non-paid status.

You will be paid according to the information provided on this form, so please be sure the dates are correct. **Please submit a final timesheet to Payroll Services before you leave on your recess. Your timesheet must reflect these dates.**

**Important:** Your Tax Shelter Annuity (403B, TSA) will be deducted from your monthly check if you are in paid status for any portion of the month. If you wish to cancel your TSA deduction during the period of non-paid status, please indicate below the month(s) you wish to have your TSA canceled.

\_\_\_\_\_ July 2005      \_\_\_\_\_ August 2005      \_\_\_\_\_ September 2005

Please resume my TSA in the month of \_\_\_\_\_ 2005. If you have any questions pertaining to TSA's, please contact Payroll Services at ext. 6263.

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I will be in non-paid status (recess) beginning: \_\_\_\_\_ through \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature      Date      Extension

\_\_\_\_\_  
Administrator/Supervisor Signature      Date

RETURN TO HUMAN RESOURCES BY June 10, 2005

Please note: 4-day workweek begins the week of July 11 through August 26, 2005