

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

To: _____

From: Kristine Lestini, Human Resources Date: May 12, 2006

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 that in accordance with the terms of the Agreement between the District and TEAMSTERS, 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 July 1, 2006 to September 20, 2006.

Please note that in the event the District wishes to have a 10-month or 11-month supervisor take his/her unpaid time off at a time other than the period noted above:

"the consent of the District, the supervisor and the Union is required prior to implementation of the leave"
(Article 5, Section F)

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

You are hereby notified that you have reasonable assurance of returning to work after the summer recess period for the 06/07 school year. You also have reasonable assurance of returning to work in your usual capacity at the close of all holiday and recess periods during that year.

We are required by law to inform you that you may file an Unemployment Insurance (UI) claim. If you choose to file a claim, your entitlement to benefits will be determined by the Employment Development Department (EDD) and not by this District. If you are not rehired after the recess period, you may be entitled to UI benefits retroactive to the date you file an initial UI claim, if you are otherwise eligible and you filed a claim for each week, and if a claim for retroactive benefits is made within 30 days of the start of the next school year/term.

UI claims are filed by telephone (1-800-300-5616) or on-line at www.edd.ca.gov. You will need to provide your Social Security Number and your last day worked. The address provided below should be given to EDD if you choose to file a claim:

Foothill-De Anza Community College District
1290 Ridder Park Drive, MC 262
San Jose, CA 95131-2304

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: 403B and/or 457 Salary Reduction Plans 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 deduction during the period of non-paid status, please indicate below the month(s) you wish to have your 403B and/or 457 canceled.

_____ July 2006 _____ August 2006 _____ September 2006

Please resume my 403B and/or 457 in the month of _____ 2006. If you have any questions, please contact **Payroll Services at ext. 6263.**

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

Employee's Signature Date Extension

Administrator's Signature Date

RETURN TO HUMAN RESOURCES BY **June 12, 2006**
Please note: 4-day workweek begins the week of July 10 through August 25, 2006