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

**To:**

**From:** **Araceli Kaliangara, Human Resources** **Date:** **May 8, 2015**

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 29, 2015 through September 16, 2015.

Please complete and sign the lower portion of this form. After your Administrator/Supervisor signs the form, return to Human Resources by May 29, 2015.

You are hereby notified that you have reasonable assurance of returning to work after the summer recess period for the 2015/2016 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 Liquid Office timesheet to Payroll Services before you leave on recess. Your timesheet must reflect these dates.** HR must be notified in writing of any changes to your original request because this could result in incorrect pay.

**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 2015** _______ **August 2015** _______ **September 2015**

**Please resume my** 403B and/or 457 **in the month of** ________________________ **2015**. If you have any questions, please contact **Payroll Services at ext. 6115**.

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**I will be in non-paid status (recess) beginning: ________through ________and return to work on _________**

Employee's Signature Date Extension

Administrator's Signature Date Extension

| For Personnel Use Only | | | | |
|---|---|---|---|---|
| NBAJOBS | 00 | LG | PG | SR |
| Job Detail | | | | |
| Leave Category | | | | |
| Default Earnings | | | | |

**Return to Human Resouces by May 29, 2015**
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