



Request for Leave of Absence Without Pay
F-12

Employee: Print in ink. Do not change the wording of this form. If you change what you have written, you must initial and date the change. After obtaining approval, give or mail the form to your Human Resources (HR) Business Partner, and keep a copy for your files.

This information is a summary of the conditions of this leave. For more information, contact the Human Resources (HR) Service Center at 1-888-TALK2HR (1-888-825-5247). You will need your Social Security number and personal identification number (PIN).

Be sure to notify your supervisor of **all** absences. Additionally, call Reed Group, Chevron’s Disability Management vendor, at 1-888-TALK2HR (1-888-825-5247) and press ‘5’ to report absences for injuries or illnesses which exceed five consecutive business days. Also, call Reed Group to report **any** absences taken that could possibly qualify as a leave under the Family and Medical Leave Act.

Manager/Supervisor: Obtain counsel from your Human Resources (HR) Business Partner about the use of this leave and how to enter it in SAP HR Manager’s Desktop. After approving and signing this leave form, give a copy to the employee and the original to your HR Business Partner.

HR Business Partner: Mail original to Human Resources Service Center, P.O. Box 199708, Dallas, TX 75219-9708. Place a copy in the employee’s personnel file.

- Original Request
- Extension

This leave cannot exceed one year without the request and receipt of approval for an extension. Do not use this form if the leave requires a specific form; for example, a Family Leave requires an F-16 *Request for Family Leave of Absence Without Pay* form.

Name		Personnel Number (PERNR)
Company	Location	
Time Off Requested (Use actual dates: month, day, year)		
From	Through	
Reason for Request		
Show Dates of All Previous Leaves of Absence		

When this leave is granted, it will be subject to the following conditions:

- 1. Basic Life Insurance Plan (BLIP) and Former Texaco Term Life Insurance Plans:** Your coverage is suspended on your last day of work; however, coverage continues for 31 days. If your coverage is suspended, you can convert your insurance to an individual policy within this 31-day period, as provided in the plan. Your coverage will be reinstated when you return to work.
- 2. Former Texaco Contributory Term Life Insurance Plan:** If your leave is 31 days or less, contributions will be automatically deducted from your paycheck. If your leave is over 31 days and you wish to elect to continue coverage, you must contact the HR Service Center at 1-888-TALK2HR (1-888-825-5247). Once contributory coverage is cancelled, you must wait six months to re-enroll. Proof of good health will be required for re-enrollment. If you cancel coverage under the former Texaco Term Life Insurance Plan altogether (contributory and non-contributory), you cannot re-enroll in either part of the Texaco Term Life Plan; however, you will be eligible for coverage under the Chevron Basic Life Insurance Plan at two times your annualized salary

3. **Supplemental Life Insurance Plan, Dependent Life Insurance Plan:** You can continue coverage under these plans for yourself and your eligible dependents if you pay the required contributions. If your leave is 31 days or less, contributions will be automatically deducted from your paycheck; however, if your leave is over 31 days, you will be billed directly by the HR Service Center. If you elect not to continue coverage while on leave, it will be reinstated at the coverage level in effect at the time of the leave effective the first day of the month after you return to work.
4. **Group Auto and Home Insurance Plan:** You can continue coverage under this plan if you pay the required contributions. If your leave is 31 days or less, contributions will be automatically deducted from your paycheck; if your leave is over 31 days, you will be billed directly by MetLife. Please contact MetLife directly for the details. Call 1-888-TALK2HR (1-888-825-5247) and press '4' to talk to a MetLife Customer Service Representative.
5. **Long-Term Care Insurance Plan:** You can continue coverage under this plan for yourself and your eligible dependents if you pay the required contributions. If your leave is 31 days or less, contributions will be automatically deducted from your paycheck; if your leave is over 31 days, you will be billed directly by Genworth. Please contact Genworth directly for the details. Call 1-888-TALK2HR (1-888-825-5247) and press '6' to talk to a Genworth Customer Service Representative.
6. **Long-Term Disability (LTD) Plan:** Your coverage is suspended during your leave. Basic Coverage will be reinstated when you return to work. Optional Coverage will be reinstated the first day of the month after you return to work.
7. **Short-Term Disability (STD) Plan:** Your coverage is suspended on your last day of work. Coverage will be reinstated when you return to work.
8. **Vacation Plan:** The period of time on Leave of Absence Without Pay will count as health and welfare eligibility service for the length of your vacation, as long as you return to active employment after the leave or any other leave taken consecutively after the leave without pay. Time on leave without pay does not count as accrual time for vacation.
9. **Dependent Day Care Spending Account:** If your leave is 31 days or less, your participation is suspended. You will be automatically reinstated when you return to work if you return within the calendar year in which your leave began. The total amount not already deducted for the year will be taken out of your remaining paychecks for the year. If your leave is over 31 days, your participation is cancelled. You must re-enroll when you return to work to resume participation.
10. **Health Care Coverage:** If your leave is 31 days or less, your medical and dental coverage will continue and contributions will be automatically deducted. If your leave is over 31 days, your coverage will be suspended at the end of the month in which your leave begins. You may continue coverage for yourself and any eligible dependent(s) for up to 18 months under the Consolidated Omnibus Reconciliation Act (COBRA). Generally, you can continue your mental health and substance abuse coverage under the provisions of COBRA. However, if you wish to continue MHPA coverage, **you must make an election to continue it**, even if you decline continuation coverage for other plans. If you elect to continue coverage, you must pay the entire cost, plus a two percent administrative fee. You will receive a package from ADP Benefit Services, the company that handles Chevron's COBRA administration, containing information about your options, including cost.

If your spouse or domestic partner and dependent(s) become ineligible under your medical and dental coverage during the first 18 months of leave(s) (29 months if you or a covered family member become entitled to Social Security disability benefits within 60 days after your leave(s) begins), your spouse or domestic partner and dependents can continue coverage under COBRA for up to 36 months, minus the number of months they have been covered since your leave(s) began. If you do not continue medical and dental coverage during your leave, it will be reinstated the first day of the month after you return to work. If you return from leave in the calendar year in which your leave began, you will be automatically re-enrolled in the plans in which you were previously enrolled. If you return to work in a different calendar year, you will be allowed to change your medical and dental coverage. This assumes you return to work with Chevron the first workday following the expiration of your leave(s).

11. **Health Care Spending Account:** You may continue participation in the Health Care Spending Account, on an after-tax basis through ADP Benefit Services until the end of the year in which your leave begins by paying the applicable contribution, plus a two percent administrative fee.

If you choose to continue HCSA participation, it must be at the same rate as before you went on leave. If you choose not to continue HCSA participation, you will not be reimbursed for any services received after your participation ends.

You will receive additional information about continuation of coverage from ADP Benefit Services, the administrator for Chevron's COBRA coverage.

If you do not continue Health Care Spending Account participation during your leave, you must re-enroll to resume participation, and you cannot claim expenses incurred during the period you did not participate.

12. Voluntary Group Accident Insurance Plan: If your leave is 31 days or less, contributions will be automatically deducted from your paycheck. If your leave is over 31 days and you elect to continue coverage, you will receive information from ADP Benefit Services, the company that handles Chevron's COBRA administration, about how to pay for your coverage during your leave. If you do not continue coverage while on leave, the coverage you had before the leave will be reinstated effective the first day of the month after you return to work.

13. Employee Savings Investment Plan (ESIP): If you are a member, your participation is suspended during your leave. Your contributions and the company's contributions stop until you return to work. Your accounts remain invested and continue to share in earnings, gains and losses. You may make exchanges, withdrawals and loans while on leave. Depending on the type of withdrawal, you may be suspended from the plan for three months when you return to work. If you have a loan outstanding, and are on leave for more than 30 days, contact a Participant Service Associate at The Vanguard Group who will explain your repayment options. Call Vanguard through the HR Service Center at 1-888-TALK2HR (1-888-825-5247) and press '1'. Associates are available from 8:30 a.m. to 9:00 p.m., Eastern time (5:30 a.m. to 6 p.m., Pacific time) Monday through Friday, except on stock market holidays.

14. Executive Compensation Plans: If you are a participant in the Executive Compensation Plans, including the Long-Term Incentive Plan (LTIP), the Deferred Compensation Plan (DCP), the ESIP Restoration Plan (ESIP-RP) or the Retirement Restoration Plan (RRP), please contact the Executive Compensation Group at (925) 842-7304 or execplans@chevron.com to determine the effect a leave of absence may have on your Executive Compensation benefits.

15. Return to Work: Chevron has no obligation to return you to active employment after the first 31 days of Leave of

Absence Without Pay. If this is a renewal or extension of a prior leave, Chevron has no obligation to return you to active employment after the first 31 days of the initial leave without pay. However, if you apply for reinstatement before

expiration of the leave, an effort will be made to return you to active employment, considering your qualifications and experience in light of operating conditions and your physical fitness for available work, as determined by a doctor employed, or approved, by Chevron. Leaves of absence for disabilities due to pregnancy, childbirth or related medical conditions have different reinstatement rules and will be handled in accordance with the law.

16. Service: If you are reinstated in accordance with item 14 above, or if you apply for reinstatement but Chevron has no available position at the end of this leave for which you are qualified, the entire period of your leave will be counted as vesting and eligibility service. You will receive benefit accrual service for the Retirement Plan for the first 31 days of leave, and the entire period of the leave will be counted as health and welfare eligibility service for all purposes other than vacation accrual.

If you work for others for pay during the leave without securing permission beforehand from Chevron; or if you do not return to work on the first workday following expiration of the leave; or if you do not apply for reinstatement, your vesting and eligibility service and health and welfare eligibility service, will end on the earliest of the following:

- a) 365 days from the date the leave began;
- b) the date Chevron determines you began work for others for pay;
- c) the date the leave ends.

In these instances, time on leave will not count as benefit accrual service for the Retirement Plan.

17. Other Plans: If you are a participant in a company-sponsored pension or profit sharing plan in place of, or in addition to, the Retirement Plan and Employee Savings Investment Plan (ESIP) (such as one of the Marine Pension Plans), the rules governing the recognition of your service for the period of this leave for benefit accrual and vesting purposes may be different from those described on this form. To determine the effect of this leave of absence on your

benefits under such a plan, call the HR Service Center at 1-888-TALK2HR (1-888-825-5247).

Extension: Any request for extension of the leave must be made to your supervisor before this leave ends. You must complete a new leave form. Chevron has no obligation to grant a request for extension.

Chevron reserves the right to change the terms and conditions of this leave at any time.

I request a Leave of Absence Without Pay for the period and reason indicated on this form. I have read and understand the conditions that will apply if this leave is granted.

Employee's Signature	_____	Date	_____
	(First Name/Middle Initial/Last Name)		
Supervisor's Signature	_____	Date	_____
Management's Signature	_____	Date	_____