



**Request for Short Leave of Absence  
Without Pay for Union Business**

F-14

**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, 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).

**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 reviewing 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 30 consecutive calendar days, including extensions. Refer to your collective bargaining agreement for specific provisions of this leave.

Name		Personnel Number (PERNR)
Company	Location	
Total Days Absent for Current Union Business	Union Name	
Show Dates of All Previous Leaves of Absence		
Time Off Requested (Use actual dates: month, day, year)		
From	Through	

This leave is subject to the provisions of the collective bargaining agreement between the union and Chevron. If circumstances beyond your control prevent you from returning to work with Chevron on or before the expiration of this leave, you must notify Chevron as soon as possible and request an extension.

**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 will continue during your leave.
- 2. Long-Term Disability Plan (LTD):** Your coverage will continue during your leave.
- 3. Short-Term Disability Plan (STD):** Your coverage is suspended on your last day of work. Coverage will be reinstated when you return to work.
- 4. Vacation Plan:** Vacation will be in accordance with the collective bargaining agreement in effect at the time vacation is taken.

5. **Dependent Day Care Spending Account:** Your participation is suspended. Your participation 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.
6. **Continued Benefit Coverage:** Benefits coverage under the plans listed below may be continued during your leave for yourself and any eligible dependent(s). Unless you decline coverage, contributions will automatically be deducted from your paycheck for the plans you were participating in before this leave. You may continue:
  - medical coverage;
  - dental coverage;
  - Mental Health/Substance Abuse (MH/SA) Plan;
  - Health Care Spending Account;
  - Voluntary Group Accident Insurance Plan.

If you decline coverage, it will be reinstated the first day of the month after you return to work.

7. **Former Texaco Contributory Term Life Insurance Plan:** Unless you decline coverage, contributions will automatically be deducted from your paycheck. If you cancel your former Texaco Contributory Term Life coverage while you are on leave, you must wait six months from the cancellation date prior to re-enrolling. Proof of good health will be required. 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.
8. **Supplemental Life Insurance Plan, Dependent Life Insurance Plan:** Coverage under these plans may be continued for you and your eligible dependents during this leave and contributions will be automatically deducted from your paycheck.
9. **Long-Term Care Insurance Plan, Group Auto and Home Insurance Plan:** You can continue coverage under these plans for yourself and your eligible dependents and contributions will be automatically deducted from your paycheck.
10. **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.
11. **Return to Work:** If you apply for reinstatement before your leave ends, you will be returned to active employment consistent with the collective bargaining agreement between the union and Chevron.
12. **Service:** If you are reinstated to active employment in accordance with item 12 above, or if you apply for reinstatement but Chevron has no available position for which you are qualified at the end of your leave, the entire period of your leave will be counted as vesting and eligibility service. It will also count as benefit accrual service for the Retirement Plan, and as health and welfare eligibility service for all purposes, except vacation accrual.

If you engage in any employment other than that for which this leave is granted, or you do not return to work on the first workday following expiration of the leave, or you do not apply for reinstatement, your vesting and eligibility service and health and welfare eligibility service will end on the earlier of the following:

- a. the date Chevron determines you began work other than that for which your leave was granted;
- b. the date the leave ends.

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

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

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**Subject to the provisions of the collective bargaining agreement, Chevron reserves the right to change the terms and conditions of this leave at any time.**

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I request a Short Leave of Absence Without Pay for Union Business for the period I have 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 \_\_\_\_\_

Union Representative's Signature and Title \_\_\_\_\_ Date \_\_\_\_\_

Chevron Management's Approval Signature \_\_\_\_\_ Date \_\_\_\_\_