



Request for Long Leave of Absence Without Pay for Union Business

F-15

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 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 is for a continuous period of over 30 consecutive calendar days, but generally does not exceed one year. Refer to your collective bargaining agreement for specific provisions of this leave.

Name		Personnel Number (PERNR)
Company	Location	
Show Dates of All Previous Long Leaves of Absence for Union Business		<input type="checkbox"/> Check here if this request will extend a Leave of Absence For Union Business
Time Off Requested (Use actual dates: month, day, year)		
From	Through	
Union Name		

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 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 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 you elect to continue coverage, you will be billed by the HR Service Center. If you elect not to continue coverage, 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 you elect to continue coverage, you will be billed directly by MetLife. Please contact MetLife directly for 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 you elect to continue coverage, you will be billed directly by Genworth. Please contact Genworth directly for 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:** Vacation will be in accordance with the collective bargaining agreement in effect at the time vacation is taken.
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 from your paycheck. 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). If you elect to continue coverage, you must pay the entire cost. 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 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 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).

If your employment ends during the first 18 months of leave(s) (29 months if you or a covered family member becomes entitled to Social Security disability benefits within 60 days after your leave(s) begins), you can continue coverage under COBRA for 18 (or 29) months, minus the number of months you have been covered since your leave(s) began.

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.

- 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 a two percent administrative fee.

If you do not continue Health Care Spending Account participation during your leave, you must re-enroll to resume participation. You cannot claim expenses incurred during the period you weren't participating.

- 12. Voluntary Group Accident Insurance Plan:** You can continue coverage for yourself and your covered dependents provided you pay any required contributions. If you wish to elect to continue coverage, you must contact the HR Service Center at 1-888-TALK2HR (1-888-825-5247). If you do not continue coverage while on leave, the coverage you had before your leave began 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. Return to Work:** If you apply for reinstatement before your leave ends, your rights to reinstatement will be governed by the collective bargaining agreement between the union and Chevron.

- 15. Service:** If you are reinstated in accordance with item 13 above, or if you apply for reinstatement but are not reinstated at the end of this leave, the entire period of your leave will be counted as vesting and eligibility service and health and welfare eligibility service, for all purposes other than vacation accrual. You will receive benefit accrual service for the Retirement Plan for the first 31 days of the leave.

If you engage in any employment other than that for which this leave is granted or if 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 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, no time on leave will count as benefit accrual service for the Retirement Plan.

- 16. 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).

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.

I request a Long 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 _____