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# Instructions for Anticipated Disability Leave of Absence (ADL) Application

## New York and New England Bargained for Employees

Please review the Conditions for Leave within the Anticipated Disability Leave Guidelines. Your supervisor should review the Conditions for Leave with you before you sign this application..

Leaves over 30 calendar days must be entered into Manager's Self Service (MSS) by the employee's supervisor.

**Part 1: Employee Information** Please provide all required information. If you are not sure of the answer to some of the information requested, for example your net credited service date, ask your supervisor.

**Part 2: Request for Leave** Please provide the dates you would like for your leave to begin and end. You can take up to six (6) months of Anticipated Disability Leave. A minimum of one full day of leave, unpaid and non-disabled, must occur before the actual disability.

**Part 3: Acknowledgements** After your supervisor has reviewed the Conditions for Leave with you; you, your supervisor and Director must sign this section.

After completing the application, please make a copy and keep it for your records. Mail or fax the completed application including the **Attending Physician's Report of Anticipated Disability** to the Leave of Absence Team for review.

Please submit completed application to:

LOA Administrator  
500 Summit Lake Drive, 3rd Floor  
Valhalla, NY 10595  
Fax: 1-877-660-2660

If you have any questions, please contact 1-855-814-9344 or send an e-mail to [verizonleavemanagement@metlifeservice.com](mailto:verizonleavemanagement@metlifeservice.com)



**Application for Anticipated Disability Leave of Absence  
(New York and New England Bargained for Employees)**

G2518 - ADL  
2017

<b>Part 1: Employee Information</b>	
Employee Name:	
Employee's EMPLID:	Employee's NCSD:
Employee's Address during Leave:	Employee's Telephone # during Leave:
Department Contact:	Department Contact Telephone #
Supervisor's Name:	Director's Name:

<b>Part 2: Request for Leave (Please check all that apply)</b>	
<input type="checkbox"/> Full Time Leave, to begin on ____/____/____ and to continue through ____/____/____	

<b>Part 3: Acknowledgements</b>	
I hereby apply for an Anticipated Disability Leave of Absence, in accordance with the Company's leave policy and subject to the conditions of the leave. I have read and understand these conditions.	
Employee Signature:	Date:
The above employee has applied for an Anticipated Disability Leave Absence. I have reviewed the Verizon Leave Policy and the conditions of the leave with the employee.	
Supervisor Signature:	Date:
Director Signature:	Date:





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**Anticipated Disability Leave  
Fax Cover Sheet**

**CONFIDENTIAL AND PRIVATE**

**To: Verizon Leave of Absence Team**

**Fax: 1-877-660-2660**

**Date:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**EMPLID:** \_\_\_\_\_

**First Day of Leave:** \_\_\_\_\_

**Number of Pages (including cover sheet):** \_\_\_\_\_

Verizon Leave of Absence Team  
500 Summit Lake Drive  
3<sup>rd</sup> Floor  
Valhalla, NY 10595

**verizon<sup>✓</sup>**