



**SAN JOSE STATE UNIVERSTIY FOUNDATION
210 North 4th Street, 4th Floor
San Jose, CA 95112**

AGREEMENT TO REIMBURSE

In accordance with federal and state law, San Jose State University Foundation will continue to pay an employee's group health insurance premiums for up to a maximum of 12 workweeks per rolling 12-month period at the level and under the conditions of coverage as if the employee had continued in employment continuously for the duration of the leave. Under most circumstances San Jose State University Foundation will not make premium contributions for a period longer than 12 workweeks during any rolling 12-month period. San Jose State University Foundation shall pay this premium in good faith with the expectation that the employee exercising his or her entitlement shall return to work at the scheduled time or maximum time permitted for the leave of absence.

I agree that if I fail to return to work for at least 30 days after the leave has expired for a reason other than the continuation, recurrence or onset of a serious health condition, or other circumstances beyond my control, then I agree, pursuant to federal and state law, and pursuant to this Agreement, to reimburse the Foundation for the full amount of all health insurance premiums paid by the Foundation during my leave.

I have read and understand the purpose and the contents of this document and do hereby agree to my obligations.

Employee Signature

Date

Payroll Administrator

Date