

# Part Time Faculty Eligibility Summary

As a Lecturer or Coach AY, benefits eligibility is based upon your contract(s). Should your appointment fall under **Section B**, please contact the Office of Human Resources at (510) 885-8634.

SECTION <b>IF YOUR APPOINTMENT IS:</b>	SECTION <b>IF YOUR APPOINTMENT IS:</b>
<p><u>Less than</u> six weighted teaching units (.40 time base) <b>OR</b> One Semester OR Academic Year (AY) appointment</p>	<p><u>More than</u> six weighted teaching units (.40 time base) <b>AND</b> One semester OR Academic Year (AY) appointment</p>
<p><b>YOU ARE ELIGIBLE FOR THE FOLLOWING BENEFITS:</b></p> <ul style="list-style-type: none"> <li>x Catastrophic Leave Donation Program (Requires additional verification)</li> <li>x Dependent Care Account/Health Care Account</li> <li>x Disability Leave Programs (If CalPERS member)</li> <li>x Family Medical Leave (Requires additional verification)</li> <li>x Long Term Care</li> <li>x Non Industrial Disability</li> <li>x Retirement</li> <li>x Sick Leave/Personal Holiday</li> <li>x Voluntary Investment Programs §403(b), 401(k), 457)</li> <li>x Voluntary Miscellaneous Programs</li> <li>x Workers' Compensation</li> </ul>	<p><b>YOU ARE ELIGIBLE FOR THE FOLLOWING BENEFITS:</b></p> <ul style="list-style-type: none"> <li>x Catastrophic Leave Donation Program (Requires additional verification)</li> <li>x Dependent Care Account/Health Care Account</li> <li>x Disability Leave Programs (If CalPERS member)</li> <li>x Employee Assistance Program (EAP)</li> <li>x Family Medical Leave (Requires additional verification)</li> <li>x Fee Waiver Program (Maybe eligible, contact Human Resources)</li> <li>x Flex Cash Reimbursement Account</li> <li>x Health Benefits (Medical, Dental, Vision)</li> <li>x Life Insurance (Employee paid)</li> <li>x Long Term Care</li> <li>x Long Term Disability (Employee paid)</li> <li>x Non Industrial Disability</li> <li>x Retirement</li> <li>x Sick Leave/Personal Holiday</li> <li>x Tax Advantage Premium Plan</li> <li>x</li> </ul>