

**Employee Eligibility and Entitlement & Rights and Responsibilities Notice**

Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA)

Pregnancy Disability Leave (PDL), Paid Parental Leave (PPL)

SECTION I: For Completion by the SUPERVISOR**INSTRUCTIONS:** Complete Section I and indicate the leave reason(s) under Part A before giving this notice to the employee.

School Site/Division

Supervisor/Administrator	Date
Employee Name	Employee #

PART A – NOTICE OF ELIGIBILITY

You have notified the District of your need for a leave of absence from work. In addition to the leave policies set forth in any applicable collective bargaining agreement, if you are eligible, your leave also may qualify for protection under one or more of the following:

- ☐ Family and Medical Leave Act ("FMLA")
- ☐ California Family Rights Act ("CFRA")
- ☐ California Pregnancy Disability Leave (PDL)
- ☐ California Education Code Paid Parental leave (PPL)

To be eligible for an FMLA and/or CFRA-protected leave, an employee must have worked for LAUSD for at least 12 months (52 weeks) at any time over the past seven years and have worked at least 130 workdays (or 1,250 hours for employees in Units A, G, and E and Classified Substitutes) in the twelve (12) months immediately preceding the leave.

To be eligible for PDL-protected leave, an employee simply needs to be employed by the District and disabled by pregnancy as indicated by the employee's health care provider. There is no service or worktime requirement.

To be eligible for PPL, an employee must have worked for LAUSD for at least 12 months (52 weeks) at any time over the past seven years and be either a classified or certificated employee. Substitute employees, temporary employees, unclassified employees, and employees who are neither classified nor certificated are not eligible for PPL.

PART B – RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA/CFRA/PDL LEAVE

In order to determine whether your leave qualifies as FMLA/CFRA/PDL leave, you must return a complete and sufficient medical certification and/or Evidence of Relationship (EOR) to your work location within fifteen (15) calendar days of receiving this notice.

Failure to provide a complete and sufficient medical certification and/or EOR may result in the delay or denial of your request for a protected absence and/or formal leave of absence. Unprotected leaves (absences) may be counted against you in your attendance report.

Once we obtain the information from you as specified above, we will inform you, within five (5) working days, whether your leave will be designated as a protected leave and count towards your FMLA/CFRA/PDL leave entitlement.

Employee Responsibilities

If your leave qualifies as an FMLA/CFRA/PDL protected leave, you will have the following responsibilities while on FMLA/CFRA/PDL Leave:

1. Provide 30 days advance notice of the need to take FMLA/CFRA/PDL when the need is foreseeable.
2. When 30 days advance notice is not possible, provide notice as soon as practical.
3. Comply with your work location's normal call-in and reporting procedures.

4. Make a reasonable effort to schedule treatment so as not to disrupt operations.
5. Reference the leave reason or the FMLA/CFRA/PDL when reporting absences and/or requesting additional leave.
In all instances, you are responsible for responding to questions from your Site Administrator to determine if the leave is FMLA/CFRA/PDL-qualifying.
6. You may be required to reimburse the District for health insurance premiums paid on your behalf while on FMLA/CFRA/PDL leave if you do not return to work following FMLA/CFRA/PDL leave for a reason other than:
 - A. Continuation, recurrence, or onset of a serious health condition that would entitle you to FMLA/CFRA leave;
 - B. Continuation, recurrence, or onset of a covered service member's serious injury or illness which would entitle you to FMLA/CFRA leave; or
 - C. Other circumstances beyond your control.

Employee Rights

If your leave qualifies as FMLA/CFRA/PDL protected, you will have the following rights while on FMLA/CFRAPDL leave:

1. You have a right under FMLA/CFRA for up to twelve (12) workweeks of unpaid leave in a 12-month period calculated as the 12-month period measured forward from the date of your first FMLA/CFRA.
2. You have a right under PDL for up to eighteen (18) workweeks of unpaid leave per pregnancy from the date of your first PDL absence.
3. You have a right under FMLA for up to twenty-six (26) workweeks of unpaid leave in a single 12-month period to care for a covered military service member with a serious injury or illness.
 - A. This single 12-month period is measured forward from the first date of leave to care for a covered military service member. However, you are not entitled to more than twenty-six (26) workweeks in a 12-month period.
 - For example, if you take twelve (12) weeks of FMLA leave for your own serious health condition and subsequently require leave as a military caregiver, you are only entitled to fourteen (14) additional weeks of FMLA leave.
4. Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
5. You must generally be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA/CFRA/PDL-protected leave. However, a layoff that would have led to the separation of your employment if you had not taken an FMLA/CFRA/PDL-protected leave will still lead to the separation of your employment. (If your leave extends beyond the end of your FMLA/CFRA/PDL entitlement, you do not have return rights under FMLA/CFRA/PDL. However, you may have rights under your Collective Bargaining Agreement.)
6. If your FMLA/CFRA leave is for your own Serious Health Condition, you are required to use any available full-pay illness, half-pay illness, and vacation time before going unpaid.
7. If your FMLA/CFRA leave is to care for your family member, you have the option to use any available Kin Care and are required to use any available Personal Necessity and/or vacation time. All other time is unpaid. If you are receiving benefits under the California Paid Family Leave (PFL) program, however, you are not permitted to use vacation time.
8. If your leave is for disabilities related to pregnancy, childbirth, or related medical conditions under PDL, you may use any available full-pay illness, half-pay illness, and vacation time.
9. If your leave is for the purposes of bonding during the first year following the birth or placement of a child with the parent through adoption or foster care under PPL, you are required to use any available full-pay and half-pay illness. Employees who exhaust ALL illness pay and continue to be absent for the purposes of PPL are compensated at a rate of 50% of their regular salary for the remaining portion of the 12 workweeks.
10. If you do not meet the requirements for taking a paid leave, you may take an unpaid FMLA/CFRA/PDL-protected leave.

For a copy of the conditions applicable to illness/vacation leave usage, please refer to your Collective Bargaining Agreement.

This letter was delivered via:

☐ Hand Delivered ☐ Regular Postal Mail ☐ Email ☐ Certified: Postal Mail #: ☐ Other: