



LOS ANGELES UNIFIED SCHOOL DISTRICT
Personnel Commission Classified Employment Services Branch
Human Resources Certificated Assignments & Support Services

EE Name:

EMP #:

Employee Certification of Need for EPSL and/or FMLA+

Families First Coronavirus Response Act (FFCRA)

Emergency Paid Sick Leave Act (EPSL), Emergency Family Member Medical Expansion Act (FMLA+)

SECTION I: For Completion by the SUPERVISOR

INSTRUCTIONS: Complete Section I before giving this form to the employee. You may not ask an employee to disclose information other than what is permitted under the applicable regulations. Employers must maintain confidential leave records that document an employee's medical certifications/recertification, separately from the employee's personnel files.

School Site/Division

Supervisor/Administrator

Date

Employee Name

Employee #

Employee Job Title

Regular Work Schedule

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS: You are required to submit a timely, complete and sufficient employee certification along with any required supporting documentation to substantiate requests for protected absences and/or formal Leaves of Absence. Submittal of the employee certification is required by LAUSD in order to obtain and/or retain leave protections. **This form should be completed and returned within 15 calendar days of request.** Failure to provide a complete and sufficient employee certification along with any required supporting documentation may result in the delay or denial of your request for protected absences and/or formal Leave of Absence.

Please note that all existing certification requirements under the FMLA remain in effect if you are taking leave for one of the existing qualifying reasons under the FMLA. For example, if you are taking leave beyond the two weeks of EPSL leave because your medical condition for COVID-19-related reasons rises to the level of a serious health condition, you must continue to provide medical certification under the FMLA as specified under District policy. (See BUL-1205 for more information).

The Genetic Information Nondiscrimination Act of 2008, Title II (GINA) prohibits employers and other entities covered by GINA, from requesting genetic information of an individual or family member, except as specifically allowed by this law. To comply with GINA, do not provide any genetic information when responding to this request for medical information.

EMPLOYEE CERTIFICATION FOR EMERGENCY FAMILY AND MEDICAL LEAVE EXPANSION ACT (FMLA+)

FMLA+; which is included in (NOT in addition to) FMLA, can be utilized 4/1/2020 – 12/31/2020.

1. I certify that I am unable to work (or telework) for the following reason:

- ☐ A. I am caring for my son or daughter whose elementary/secondary school or place of care is closed, or childcare provider is unavailable due to a declared COVID-19 public health emergency.
- ☐ Child's Name: _____ Child's Age: _____
 - ☐ Name of School or Childcare Provider: _____
 - ☐ If the above-named child is older than fourteen (14), please state the circumstances that exist requiring you to provide care during daylight hours: _____

2. Date(s) I am requesting FMLA+ leave due to an inability to work (or telework) based on the above-named reason:

- ☐ Leave Start Date: _____ Leave End Date: _____
- ☐ FMLA+ may be taken intermittently as agreed by the Administrator/Supervisor and employee.

3. I certify that no other person will be providing care for the above-named child during the period I am on FMLA+ leave.

Employee Signature: _____ Date: _____

In order to substantiate your FMLA+ leave request, **you are required to include documentation** supporting your child's elementary/secondary school closure and/or childcare provider unavailability. Appropriate documentation includes, but is not limited to, a notice that has been posted on a government, school, or day care website, or published in a newspaper, or an email from an employee or school official of the school, place of care, or childcare provider.



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SECTION II: For Completion by the EMPLOYEE, CONTINUED

EMPLOYEE CERTIFICATION FOR EMERGENCY PAID SICK LEAVE (EPSL)

Full-time employees are entitled to up to 80 hours of EPSL leave over a two-week period. Part-time employees are entitled to EPSL leave based on the average number of hours worked during an average two-week period. EPSL entitlement is NOT per qualifying event, but a **single bank effective 4/1/2020 and expiring 12/31/2020**.

1. I certify that I am unable to work (or telework) for one or more of the following reasons (check all that apply):

- ☐ A. I am subject to a Federal, State, or local government quarantine or isolation order related to COVID-19.
 - o Name of the government agency: _____
- ☐ B. I have been advised by a health care provider to self-quarantine for reasons related to COVID-19.
 - o Name of the health care provider: _____
- ☐ C. I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
 - o Name of the health care provider: _____
- ☐ D. I have a bona fide need to care for an individual who is subject to quarantine (pursuant Federal, State, or local government order advice of a health care provider) related to COVID-19.
 - o Employee Relationship to Individual: _____
 - o Name of the government agency or health care provider: _____
- ☐ E. I am caring for my son or daughter whose elementary/secondary school or place of care is closed, or childcare provider is unavailable due to a declared COVID-19 public health emergency.
 - o Child's Name: _____ Child's Age: _____
 - o Name of School or Childcare Provider: _____
 - o If the above-named child is older than fourteen (14), please state the circumstances that exist requiring you to provide care during daylight hours: _____

- ☐ F. I am experiencing any other substantially similar conditions as specified by Secretary of Health and Human Services, in consultation with the Secretaries of Treasury and Labor.

2. Date(s) I am requesting EPSL leave due to an inability to work (or telework) based on the above-named reason(s):

- ☐ Leave Start Date: _____ Leave End Date: _____
- ☐ Reason E ONLY may be taken intermittently as agreed by the Administrator/Supervisor and employee.

3. If request is to care for a minor son or daughter due to school closure or childcare provider unavailability:

- ☐ I certify that no other person will be providing care for the above-named child during the period I am on ESPL leave. Employee Signature: _____

In order to substantiate your FMLA+ leave request, **you are required to include documentation** supporting your child's elementary/secondary school closure and/or childcare provider unavailability. Appropriate documentation includes, but is not limited to, a notice that has been posted on a government, school, or day care website, or published in a newspaper, or an email from an employee or school official of the school, place of care, or childcare provider.

Employee Signature: _____

Date: _____

This form will remain at the employee's site.