



LOS ANGELES UNIFIED SCHOOL DISTRICT

REFERENCE GUIDE

TITLE: Reporting California Paid Parental Leave for Eligible District Employees

NUMBER: REF-6874.0

ISSUER: V. Luis Buendia, Controller
Accounting and Disbursements Division

DATE: July 10, 2017

PURPOSE: The purpose of this Reference Guide is to provide information to administrators, time-reporting personnel, and affected employees, on time entry instructions for California paid parental leave for eligible employees.

MAJOR CHANGES: This is a new reference guide.

BACKGROUND: The Family Medical Leave Act (FMLA) and the California Family Rights Act (CFRA) provide eligible employees with protected, unpaid time off for the birth, adoption, or foster care placement of a child of the employee. FMLA and CFRA absences run concurrently.

California Education Code Sections 44977.5 and 45196.1, mandate that eligible school employees be paid a portion of their salary for parental leave taken under CFRA.

The eligibility requirements for paid parental leave are different from the requirements for FMLA/CFRA and are further explained in Section II of the Guidelines in BUL-6861.0 - California Paid Parental Leave for Eligible District Employees.

Eligible classified and certificated employees are permitted to use illness time for parental leave. If and when the employee exhausts all available illness time, the District will continue to provide the employee with 50 percent of his or her regular salary for the remaining portion of the 12-workweek period of parental leave.

EMPLOYEES: As an eligible employee, following the instructions outlined below will enable the time keeper and time approver to perform the functions necessary to facilitate timely compensation.

1. Provide Site Administrator with 30 days advanced notice of the need to take parental leave when the need is foreseeable or as soon as is practicable based

ROUTING

All Schools and Offices
Administrators
School Administrative Assistants
Time Keepers
Time Approvers



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upon the facts and circumstances.

2. Complete the Certification/Request of Absence for Illness, Family Illness, New Child form (Form No. 60.ILL, Rev.7/10/2017) if requesting illness or unpaid or the Certification/Request of Absence for Non-Illness (Form No.60.NON-ILL; Rev 7/10/2017) if requesting vacation.
3. When completing Form No. 60.ILL, mark/select D under #3 for appropriate type of leave. For Form No. 60.NON-ILL, mark/select J under #3 for appropriate type of leave.
4. Complete all required information in the boxes for FMLA/CFRA INFORMATION and IMPORTANT LAUSD INFORMATION.
5. Form No. 60.ILL can be found at <http://achieve.lausd.net/cms/lib08/ill> and Form No. 60. NON-ILL at <http://achieve.lausd.net/cms/lib08/non-ill>.
6. Submit Form No. 60.ILL or Form No. 60.NON-ILL to your administrator for approval.
7. Verify or view the status of hours reported and approved via the Time Statement and/or viewing the Online Pay Stub by logging into the LAUSD Employee Self Service website at <https://selfservice.lausd.net>.
8. Print the payroll calendar that is most applicable; Certificated (CE), Classified (CL) or Semi-Monthly (SM).
9. Be mindful of the payroll cut-off deadlines and the date in which forms are submitted to the administrator. Hours that are reported by the time keeper and approved by the administrator for each payroll area deadline (CE, CL, SM) will be paid according to the designated calendar pay dates; no exceptions.

TIME KEEPERS: As the time keeper, following the instructions outlined below will help eligible employees receive timely compensation.

1. For time entry instructions, please see the Job Aid Paid Parental Leave, dated July 10, 2017 (Attachment A).
2. School and office personnel are required to make Forms No. 60.ILL (Revised 7/10/17) and No. 60.NON-ILL (Revised 7/10/17) available to employees.
3. Must be in receipt of a completed and administrator acknowledged Form No. 60.ILL or No. 60.NON-ILL for each employee requesting paid parental leave prior to time entry.
4. Use the applicable four character time entry absence code PLIL (Parental Leave – Illness) or PLVA (Parental Leave – Vacation).
5. Verify employee eligibility and available illness or vacation balances.
6. Time report the appropriate hours by the deadline established on the Cut-Off and Pay Dates for CATS Time Reporting payroll calendar.
7. Maintain the records substantiating the time reported to Payroll Administration for five years.
8. Failure to report the time and have it approved by 6:00 p.m. per the payroll



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deadline, will delay compensation to employees.

TIME APPROVERS:

As the administrator and time approver, following the instructions outlined below will help eligible employees receive timely compensation.

1. Authorize by signing the Administrator/Supervisor's acknowledgement on the employee submitted Certification/Request of Absence for Illness, Family Illness, New Child form (Form No. 60.ILL – Revised 7/10/17) or Certificated/Request of Absence for Non-Illness (Form No. 60. NON-ILL – Revised 7/10/17).
2. Mark all applicable boxes under the section For Administrator/Supervisor on the employee submitted Certification/Request of Absence for Illness, Family Illness, New Child form (Form No. 60.ILL) or Certificated/Request of Absence for Non-Illness (Form No. 60. NON-ILL).
3. Time Approve the appropriate hours by the deadline established on the Cut-Off and Pay Dates for CATS Time Reporting payroll calendar.
4. Failure to approve the time by 6:00 p.m. per the payroll deadline, will delay compensation to employees.

FORM NO. 60.ILL:

When completing the Certification/Request of Absence For Illness, Family Illness, New Child form (Form No. 60.ILL), mark/select D under #3 for the appropriate type of leave as seen below:

D) Parental Leave (Birth of a child/ Newly adopted/ New foster care)

Los Angeles Unified School District
CERTIFICATION/REQUEST OF ABSENCE FOR ILLNESS, FAMILY ILLNESS, NEW CHILD

EMPLOYEE INFORMATION (Please Print)

Last Name	First Name	M.I.	Employee No.
Work Location Name	Job Title	Substituted/Temporary <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer's Telephone () () ()

REASON FOR ABSENCE

1. Starting date of absence: ____/____/____ Last date of absence (expected): ____/____/____
Ms. Day Yr. Ms. Day Yr.

2. Total time (segment) of absence: ____ days; ____ hours
NOTE: This form does not supersede or replace the Leave of Absence Request Form (OC Form 5066 or HR Form 1666), when required.

3. Select appropriate type of leave:
 The following types of absence may qualify for protection under the Family and Medical Leave Act ("FMLA") and/or the California Family Rights Act ("CFRA"). You may request protection if the absence is covered under the qualifying conditions. LAUSD may also, on its own, designate an absence/leave as FMLA/CFRA, if the absence meets legal requirements.

A) My Personal Illness/Injury/Disability/Medical Appointment/Accident
 B) My Occupational Illness/Injury or Act of Violence
 C) My Personal/Occupational Illness/Disability
 D) Parental Leave (Birth of a child/Newly adopted/New foster care) Paid Unpaid

E) Personal Necessity/Injury/Disability/Other Family Member (relative)
 F) Personal Necessity Kin-Care
NOTE: Absences "A" through "D" may qualify as Illness leave. "D" and "E" as Personal Necessity. "E" may also be Kin-Care.

FMLA/CFRA INFORMATION

4. Is the absence due to a "serious health condition" (see separate FMLA form for Definitions)? Yes No
*Note: To confirm serious health condition, you are required to return "FMLA Certification of Health Provider" within 15 calendar days.

5. Do you request FMLA/CFRA protections for serious health condition or other qualifying reason? Yes No
(See District website or your supervisor for FMLA facts)

IMPORTANT LAUSD INFORMATION

"Physician Statement" is required if absence is over 3 consecutive days or if required by Administrator under LAUSD Rules. "FMLA Certification of Health Care Provider" is required if FMLA/CFRA protections are being requested for serious health condition. Birth certificate or legal documentation is required for birth of a child/newly adopted/new foster care.

6. Is the appropriate documentation submitted with this request? Yes No
NOTE: If the answer is "No", the correct documentation must be submitted separately and promptly.

I certify I was/will not be employed elsewhere during my regular work hours within the time period claimed on this certification, unless taking vacation. I certify my absence during this period was not and is not for participating in a strike/work stoppage or because of my unwillingness to cross picket lines and I would have been available for duty if it had not been for the reason cited above. Furthermore, I certify my absence during my hours of assigned duty is because of the above listed reason in accordance with any applicable Board/PC rule or Collective Bargaining Agreement. I also agree and authorize that once the correct benefit usage change above is processed, any unearned wages paid as a result will be collected from the next paycheck. I declare under the penalty of perjury that the foregoing is true and correct.

Employee's Signature: _____ Date: _____

For Administrator/Supervisor: Is the FMLA supporting documentation received on file? Yes No

Administrator/Supervisor's Acknowledgment/Approval:

Print Name: _____ Signature: _____ Date: _____

For Administrator/Supervisor: Do you approve the requested absence? Yes No

Explanation (if No): _____

Form No. 60.ILL, Revised 7/10/2017



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**FORM NO.
60.NON-ILL:**

When completing the Certification/Request of Absence For Non-Illness (Form No. 60.NON-ILL), mark/select J under #3 for the appropriate type of leave as seen below:

J) Paid Vacation Parental Leave
(Birth of a child/ Newly adopted/
New foster care)

Los Angeles Unified School District
CERTIFICATION AND/OR REQUEST OF ABSENCE FOR NON-ILLNESS

EMPLOYEE INFORMATION (Please Print)			
Last Name	First Name	M.I.	Employee No.
Work Location Name	Job Title		Employee's Telephone ()

REASON FOR ABSENCE

1. Starting date of absence: ____/____/____ Last date of absence (expected): ____/____/____

2. Total time (expected) of absence: ____ Mo. ____ Day ____ Yr. ____ hour.

NOTE: This form does not supersede or replace the Leave of Absence Request Form (PC Form 5006 or HR Form 1045), when required.

3. Select the appropriate type of absence:

<input type="checkbox"/> A) Accident or Imminent Danger to My Property (see rule).....	Explain _____
<input type="checkbox"/> B) Accident to Family Member's Property (see rule).....	Explain _____
<input type="checkbox"/> C) Auto failure (up to 2 hours) if car used for work (see rule).....	Explain _____
<input type="checkbox"/> D) Registration or Final Exams in Higher Education (see rule).....	Explain _____
<input type="checkbox"/> E) Religious Holiday of My Faith.....	Explain _____
<input type="checkbox"/> F) Bereavement (see rule).....	Identify Family Relation _____
<input type="checkbox"/> G) Conference Approved by District.....	Provide verification. Explain _____
<input type="checkbox"/> H) Jury Duty.....	Provide documentation from the Court
<input type="checkbox"/> I) Vacation (All regular classified employees & Certificated A basis).....	Subject to Approval
<input checked="" type="checkbox"/> J) Vacation Paid Parental Leave (Birth of a child/Newly adopted/New foster care).....	Provide birth certificate or legal document
<input type="checkbox"/> K) Other Absence (identify).....	Explain _____

NOTE: Absences "A" through "E" may qualify as Personal Necessity. Absences "I" and "J" may qualify for FMLA/CFRA.

Additional Explanation, if needed _____

I certify I was/will not be employed elsewhere during my regular work hours within the time period claimed on this certification, unless taking vacation. I certify my absence during this period was not and is not for participating in a strike/work stoppage or because of my unwillingness to cross picket lines and I would have been available for duty if it had not been for the reason cited above. Furthermore, I certify my absence during my hours of assigned duty is because of the above listed reason in accordance with any applicable Board/PC rule or Collective Bargaining Agreement. I also agree and authorize that once the correct benefit usage charged above is processed, any unearned wages paid as a result will be collected from the next paycheck. I declare under the penalty of perjury that the foregoing is true and correct.

Employee's Signature _____ Date _____

For Administrator/Supervisor: Is the FMLA supporting documentation received on file? Yes No

Administrator/Supervisor's Acknowledgment/Approval:

First Name _____ Signature _____ Date _____

For Administrator/Supervisor: Do you approve the requested absence? Yes No

Explanation (if No) _____

¹ Rule to 41.A or B: Accident to property must be either your property or immediate family member's (either your family or spouse's, such as, parent, child, grandparent, grandchild, brother, sister, step foster child or other relative living in employee's immediate household). Reference the specific section of the bargaining unit agreement or any applicable Board/PC rule if another relationship is claimed. Imminent danger to property includes only your property, and is occasioned by disaster such as flood, fire, or earthquake.
² Rule to 41.C: Refer to applicable bargaining unit agreement or any applicable Board/PC rule.
³ Rule to 41.D: Upon at least two days' notice to their immediate supervisor, a classified employee shall be permitted to take any examination and to participate in other District employment procedures during working hours without loss of pay or other penalty. If less than two days' notice is provided, permission to participate without loss of pay is subject to approval by the employee's immediate supervisor. (PC Rule "A", Paragraph B).
⁴ Rule to 41.F: The rule requires that the relationship be an immediate family member meaning under LAUSD's definition for bereavement, either your family or spouse's family, such as parent, child, grandparent, grandchild, brother, sister, step foster child or other relative living in employee's immediate household. Reference the specific section of the bargaining agreement or any applicable Board/PC rule if another relationship is claimed.

Form No. 60.NON-ILL, Revised 7/10/2017

NON ILLNES

**PAYROLL
CALENDARS:**

The 2017-2018 payroll calendars for Certificated (CE), Classified (CL), Semi-Monthly (SM and Cut-Off and Pay Dates for CATS Time Reporting as seen below can be found on the Calendar/Time Cards section on the Payroll Administration website at <http://achieve.lausd.net/payroll>. Payroll calendars are posted to the Payroll Administration website every fiscal year.



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Los Angeles Unified School District 2017 - 2018 Certificated Calendar (CE)

PAYROLL CALENDARS:

Legend: Cut-off for CATS Time Reporting Approval Pay Day Holiday * Holiday and Pay day

July							August							September							October							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
						1			1	2	3	4	5							1	2							
2	3	4	5	6	7	8	6	7	8	9	10	11	12	3	4	5	6	7	8	9	1	2	3	4	5	6	7	
9	10	11	12	13	14	15	13	14	15	16	17	18	19	10	11	12	13	14	15	16	8	9	10	11	12	13	14	
16	17	18	19	20	21	22	20	21	22	23	24	25	26	17	18	19	20	21	22	23	15	16	17	18	19	20	21	
23	24	25	26	27	28	29	27	28	29	30	31	24	25	26	27	28	29	30	22	23	24	25	26	27	28			
30	31																			29	30	31						

November							December							January							February										
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S				
				1	2	3	4						1	2								1	2	3							
5	6	7	8	9	10	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13	4	5	6	7	8	9	10				
12	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	19	20	11	12	13	14	15	16	17				
19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27	18	19	20	21	22	23	24				
26	27	28	29	30			24	25	26	27	28	29	30	28	29	30	31				25	26	27	28							
							31																								

March							April							May							June														
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S								
						1	2	3							1	2	3	4	5								1	2							
4	5	6	7	8	9	10	1	2	3	4	5	6	7	6	7	8	9	10	11	12	3	4	5	6	7	8	9								
11	12	13	14	15	16	17	8	9	10	11	12	13	14	13	14	15	16	17	18	19	10	11	12	13	14	15	16								
18	19	20	21	22	23	24	15	16	17	18	19	20	21	20	21	22	23	24	25	26	17	18	19	20	21	22	23								
25	26	27	28	29	30	31	22	23	24	25	26	27	28	27	28	29	30	31	24	25	26	27	28	29	30										
							29	30																											



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PAYROLL CALENDARS:

**Los Angeles Unified School District
2017 - 2018 Classified Calendar (CL)**

Legend: Cut-off for CATS Time Reporting Approval Pay Day Holiday * Holiday and Pay day

July							August							September							October						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
						1		1	2	3	4	5						1	2								
2	3	4	5	6	7	8	6	7	8	9	10	11	12	3	4	5	6	7	8	9	1	2	3	4	5	6	7
9	10	11	12	13	14	15	13	14	15	16	17	18	19	10	11	12	13	14	15	16	8	9	10	11	12	13	14
16	17	18	19	20	21	22	20	21	22	23	24	25	26	17	18	19	20	21	22	23	15	16	17	18	19	20	21
23	24	25	26	27	28	29	27	28	29	30	31	24	25	26	27	28	29	30	22	23	24	25	26	27	28		
30	31																				29	30	31				

November							December							January							February							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
				1	2	3	4					1	2			1	2	3	4	5	6					1	2	3
5	6	7	8	9	10	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13	4	5	6	7	8	9	10	
12	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	19	20	11	12	13	14	15	16	17	
19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27	18	19	20	21	22	23	24	
26	27	28	29	30			24	25	26	27	28	29	30	28	29	30	31			25	26	27	28					

March							April							May							June						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3									1	2	3	4	5						1	2	
4	5	6	7	8	9	10	1	2	3	4	5	6	7	6	7	8	9	10	11	12	3	4	5	6	7	8	9
11	12	13	14	15	16	17	8	9	10	11	12	13	14	13	14	15	16	17	18	19	10	11	12	13	14	15	16
18	19	20	21	22	23	24	15	16	17	18	19	20	21	20	21	22	23	24	25	26	17	18	19	20	21	22	23
25	26	27	28	29	30	31	22	23	24	25	26	27	28	27	28	29	30	31		24	25	26	27	28	29	30	

**Los Angeles Unified School District
2017 - 2018 Semi Monthly Calendar (SM)**

Legend: Cut-off for CATS Time Reporting Approval Pay Day Holiday * Holiday and Pay day

July							August							September							October						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
						1												1	2								
2	3	4	5	6	7	8	6	7	8	9	10	11	12	3	4	5	6	7	8	9	1	2	3	4	5	6	7
9	10	11	12	13	14	15	13	14	15	16	17	18	19	10	11	12	13	14	15	16	8	9	10	11	12	13	14
16	17	18	19	20	21	22	20	21	22	23	24	25	26	17	18	19	20	21	22	23	15	16	17	18	19	20	21
23	24	25	26	27	28	29	27	28	29	30	31	24	25	26	27	28	29	30	22	23	24	25	26	27	28		
30	31																			29	30	31					

November							December							January							February							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
				1	2	3	4					1	2			1	2	3	4	5	6					1	2	3
5	6	7	8	9	10	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13	4	5	6	7	8	9	10	
12	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	19	20	11	12	13	14	15	16	17	
19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27	18	19	20	21	22	23	24	
26	27	28	29	30			24	25	26	27	28	29	30	28	29	30	31			25	26	27	28					

March							April							May							June						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3									1	2	3	4	5						1	2	
4	5	6	7	8	9	10	1	2	3	4	5	6	7	6	7	8	9	10	11	12	3	4	5	6	7	8	9
11	12	13	14	15	16	17	8	9	10	11	12	13	14	13	14	15	16	17	18	19	10	11	12	13	14	15	16
18	19	20	21	22	23	24	15	16	17	18	19	20	21	20	21	22	23	24	25	26	17	18	19	20	21	22	23
25	26	27	28	29	30	31	22	23	24	25	26	27	28	27	28	29	30	31		24	25	26	27	28	29	30	



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**PAYROLL
 CALENDARS:**

2017-2018 Cut-Off and Pay Dates For CATS Time Reporting			
PAY PERIOD	CUT-OFF DATES	PAY DATES	PAYROLL AREA
Scheduled Off-cycles	Wednesday, July 5, 2017	Wednesday, July 12, 2017	Certificated & Classified Off-cycles
07/01/2017 - 07/15/2017	Friday, July 14, 2017	Friday, July 21, 2017	Semi-Monthly
07/01/2017 - 07/31/2017	Friday, July 21, 2017	Monday, July 31, 2017	Classified
07/01/2017 - 07/31/2017	Wednesday, July 26, 2017	Friday, August 4, 2017	Certificated
07/16/2017 - 07/31/2017	Tuesday, August 1, 2017	Tuesday, August 8, 2017	Semi-Monthly
Scheduled Off-cycles	Friday, August 4, 2017	Friday, August 11, 2017	Certificated & Classified Off-cycles
08/01/2017 - 08/15/2017	Wednesday, August 16, 2017	Wednesday, August 23, 2017	Semi-Monthly
08/01/2017 - 08/31/2017	Tuesday, August 22, 2017	Thursday, August 31, 2017	Classified
08/01/2017 - 08/31/2017	Thursday, August 24, 2017	Tuesday, September 5, 2017	Certificated
08/16/2017 - 08/31/2017	Wednesday, August 30, 2017	Friday, September 8, 2017	Semi-Monthly
Scheduled Off-cycles	Tuesday, September 5, 2017	Tuesday, September 12, 2017	Certificated & Classified Off-cycles

**RELATED
 RESOURCES:**

BUL-6861.0, California Paid Parental Leave for Eligible District Employees
 BUL-XXXX.X, New Certification of Absence Forms
 Attachment A – Job Aid, Paid Parental Leave

ASSISTANCE:

For assistance or further information, please contact Payroll Customer Services at (213) 241-2570.