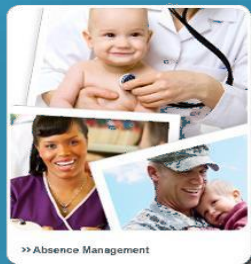


What You Need to Know: Navigating Protected Absences: Five Common Mistakes

Family Medical Leave Act	California Family Rights Act	Pregnancy Disability Leave	Parental Leave
Family Medical Leave Act	California Family Rights Act	Pregnancy Disability Leave	Parental Leave

Integrated Disability Management (IDM) Programs

Division of Risk Management & Insurance Services



Overview of Topics

- Protected Absence/Leave Purpose
- Five Common Mistakes
 - *1. Not Knowing the Correct FMLA Year*
 - *2. Not Issuing Approved/Not Approved in a Timely Manner*
 - *3. Not Following the Health Care Provider Certification Form*
 - *4. Not Using Correct Absence Code*
 - *5. Not Staying Current with Updates/Changes*

Protected Absence/Leave Purpose

FMLA, CFRA, PDL, PPL and California Ed Code are federal and state regulations intended to balance the demands of the workplace with the needs of families by providing job-protected leave for specified family and medical reasons, as well as, care for a newborn child or a child placed in the home through adoption or foster care.

Family Medical Leave Act (FMLA)

Enacted in 1993, amended in 2008, and administered by the Wage and Hour Division (WHD) of the US Department of Labor (DOL), FMLA is a complex employment law that requires employers to grant family and temporary medical leave of up to 12 workweeks to eligible employees.

California Family Rights Act (CFRA)

This state law was enacted in 1991 and is administered under the California Department of Fair Employment and Housing (FEHA) also provides 12 workweeks of job protection. It runs concurrently with FMLA but does not cover an employee's own pregnancy disability because California has its own Pregnancy Disability Leave Act.

California Pregnancy Disability Act (PDL)

This state law enacted in the 1980's provides up to four (4) months of job protection for disabilities relating to pregnancy, childbirth, or related medical conditions.

California Education Code Paid Parental Leave (PPL)

California Education Code mandates under sections 44977.5 and 45196.1 eligible school employees be paid a portion of their salary for up to 12 workweeks for the purposes of bonding with the employee's newborn child or a child placed in the employee's home through adoption or foster care. PPL runs concurrently with FMLA/CFRA.

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Scenario One

Maria is a secondary school teacher who started with the District on 8/15/2015.

She notified her Administrator/Designee on 11/27/2018 that she needs to be off of work for approximately five (5) weeks starting 12/17/2018. She has never used FMLA before. What is her FMLA Year?

- A. 12/17/2018 – 12/16/2019
- B. 07/01/2018 – 06/30/2019
- C. 01/07/2019 – 01/07/2020

Scenario One

PAY MONTH	FIRST WEEK								SECOND WEEK								THIRD WEEK								FOURTH WEEK								FIFTH WEEK							
	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su			
JUL		1	2	3	4	⑤	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31								
AUG					1	2	③	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31					
SEP	1	2	3	4	⑤	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30										
OCT			1	2	3	4	⑤	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31							
NOV						1	2	3	4	⑤	6	7	8	9	10	11	HO 12	13	14	15	16	17	18	19	20	21	HO 22	HO 23	24	25	26	27	28	29	30					
DEC	1	2	3	4	⑤	6	7	8	9	10	11	12	13	14	15	16	17	WR 18	WR 19	WR 20	WR 21	22	23	WR 24	HO 25	WR 26	WR 27	WR 28	29	30	HO 31									
JAN			HO 1	2	3	④	5	6	*	7	8	9	10	11	12	13	14	15	16	17	18	19	20	HO 21	22	23	24	25	26	27	28	29	30	31						
FEB							1	2	3	4	⑤	6	7	8	9	10	11	12	13	14	15	16	17	HO 18	19	20	21	22	23	24	25	26	27	28						
MAR							1	2	3	4	⑤	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
APR			1	2	3	4	⑤	6	7	8	9	10	11	12	13	14	SR 15	SR 16	SR 17	SR 18	SR 19	20	21	22	23	24	25	26	27	28	29	30								
MAY					1	2	③	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	HO 27	28	29	30	31					
JUN	1	2	3	4	⑤	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30										



Scenario One: Correct Answer

Maria is a secondary school teacher who started with the District on 8/15/2015.

She notified her Administrator/Designee on 10/26/2018 that she needs to be off of work for approximately five (5) weeks starting 12/17/2018. She has never used FMLA before. What is her FMLA Year?

A. 12/17/2018 – 12/16/2019

B. 07/01/2018 – 06/30/2019

C. 01/07/2019 – 01/06/2020 

Reason: FMLA Year starts with first absence from work. 12/17/18 occurs during Winter Break when school is closed.

Scenario Two

Maria is a secondary school teacher who started with the District on 8/15/2015.

She notified her Administrator/Designee on 11/27/2018 that she needs to be off of work for approximately five (5) weeks starting 12/17/2018. She used intermittent FMLA on 10/11/2018 and 11/14/2018. What is her FMLA Year?

- A. 10/11/2018 – 10/10/2019
- B. 11/14/2018 – 11/13/2019
- C. 01/07/2019 – 01/06/2020

Scenario Two: Correct Answer

Maria is a secondary school teacher who started with the District on 8/15/2015.

She notified her Administrator/Designee on 11/27/2018 that she needs to be off of work for approximately five (5) weeks starting 12/17/2018. She used intermittent FMLA on 10/11/2018 and 12/14/2018. What is her new FMLA Year?

A. 10/11/2018 – 10/10/2019

B. 11/14/2018 – 11/13/2019 ←

C. 01/07/2019 – 01/06/2020

Reason: Her last FMLA Year was 10/30/2017 – 10/29/2018. 10/11/2018 was included in the last FMLA Year. Her new FMLA Year starts with the first eligible/entitled absence after 10/29/2019.

Designation and Notification

The Designation Notice informs the employee that the requested leave will be designated as FMLA/CFRA leave, as well as, indicates the amount of leave counted against the employee's FMLA/CFRA leave entitlement.

The amount of leave counted against the employee's FMLA/CFRA leave entitlement must be provided upon the employee's request, but no more than once in a 30-day period and only if leave was taken.

Administrators/Designees are responsible in all circumstances for designating leave as FMLA/CFRA-qualifying and giving a Designation Notice to the employee for each FMLA/CFRA-qualifying reason for leave in the leave year.

Designation notices must be provided in writing within five business days, absent extenuating circumstances, once enough information is received to determine whether or not the employee's requested leave qualifies as FMLA/CFRA.

Failure to provide a timely Designation Notice to an employee may be considered interference with, restraint, or denial of the exercise of the employee's FMLA/CFRA rights.

Scenario Three

Maria is a secondary school teacher who started with the District on 8/15/2015. She notified her Administrator/Designee on 11/27/2018 that she needs to be off of work for approximately five (5) weeks starting 12/17/2018. It's now the last day of school before Winter Break and Maria has not submitted her FMLA Health Care Provider Certification form. What do you do?

- A. Go ahead and time report her absence as FCIL and remind her she must provide the Certification form when she returns.
- B. Time report her absence as regular IL and reminder her if she doesn't provide the completed Certification form when she returns, her absences will not be protected by FMLA.

Scenario Three: Correct Answer

Maria is a secondary school teacher who started with the District on 8/15/2015. She notified her Administrator/Designee on 11/27/2018 that she needs to be off of work for approximately five (5) weeks starting 12/22/2018. It's now the last day of school before Winter Break and Maria has not submitted her FMLA Health Care Provider Certification form. What do you do?

- A. Go ahead and time report her absence as FCIL and remind her she must provide the Certification form when she returns.
- B. Time report her absence as regular IL and reminder her if she doesn't provide the completed Certification form when she returns, her absences will not be protected by FMLA.

Reason: Once time has been reported/certified as protected, the protection cannot be taken away.

Scenario Four

Maria is a secondary school teacher who started with the District on 8/15/2015.

She notified her Administrator/Designee on 11/27/2018 that she needs to be off of work for approximately five (5) weeks starting 12/17/2018. Maria returned to work on Monday and didn't provide the Health Care Provider Certification Form. You reminded her about the form on Monday. It's now a week later and she has not returned the Certification Form, what do you do?

- A. Keep reminding her to provide the Certification form.
- B. Issue Designation Not Approved Notice and allow her to use FMLA going forward, if and when she provides a Certification Form.
- C. Issue Designation Not Approved Notice but go back and change the five weeks of IL to FCIL once she provides the Certification Form.

Scenario Four: Correct Answer

Maria is a secondary school teacher who started with the District on 8/15/2015.

She notified her Administrator/Designee on 11/27/2018 that she needs to be off of work for approximately five (5) weeks starting 12/22/2018. Maria returned to work on Monday and didn't provide the Health Care Provider Certification Form. You reminded her about the form on Monday. It's now a week later and she has not returned the Certification Form, what do you do?

- A. Keep reminding her to provide the Certification form.
- B. Issue Designation Not Approved Notice and allow her to use FMLA going forward, if and when she provides a Certification Form.
- C. Issue Designation Not Approved Notice but go back and change the five weeks of IL to FCIL once she provides the Certification Form.

Reason: Once FMLA has been Designated Not Approved, you can't go back and issue an Approval Notice.

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LOS ANGELES UNIFIED SCHOOL DISTRICT

Designation Not Approved 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 before giving this form to the employee.

School Site/Division

Supervisor/Administrator

Date

Employee Name

Employee #

We have reviewed your request for leave under FMLA/CFRA/PDL/PPL and any supporting documentation that you have provided. Your protected leave request has NOT been approved based on your first absence date of _____ for the following reason(s):

☐ You did not meet the following eligibility requirements under FMLA/CFRA:

☐ At least 12 months of employment with the District in the past seven (7) years.

☐ At least 130 days worked (1250 hours worked for units A, E, & G and Classified Substitutes) in the 12 months immediately preceding your first absence date.

☐ You have exhausted your leave entitlement:

☐ 12 workweeks of FMLA/CFRA/PPL leave entitlement exhausted as of _____. Your current FMLA/CFRA/PPL Year is from: _____ through _____.

☐ 18 workweeks PDL leave entitlement exhausted as of _____.

☐ PPL must be completed by your birth child's first birthday or the one year anniversary of the placement date of your adopted or foster care child. PPL leave entitlement ended as of _____.

☐ You either did not submit the required documentation within 15 calendar days of receiving it or provide a reasonable explanation for the delay. (Specific dates not approved are listed under "Other" below.)

☐ Certification of Qualifying Exigency for Military Family Leave and/or Supporting Documentation.

☐ Evidence of Relationship.

☐ Health Care Provider Certification.

Not Approved Designation Notice

Provide to Staff:

- Within five (5) business days of receipt of complete and sufficient certification form.

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Medical Certification Guidelines

Administrators/Designees should provide the employee with the Health Care Provider Certification form, along with the Rights and Responsibilities notice, within 5 business days of notice of need for protected leave.

The employee has 15 calendar days to return the completed form or request an extension.

Administrators/Designees should accept a complete and sufficient medical certification, regardless of the format.

Administrators/Designees **must not** ask for a diagnosis, per Federal regulations.

Administrators/Designees **can** ask the employee for a new/revised medical certification from their health care provider should the medical certification lack information or is unclear.

Administrators/Designees must give the employee 7 calendar days to correct any deficiency on the medical certification

This is an absolute requirement.

Administrators/Designees **must not** contact the employee's provider at any time.

In accordance with the Genetic Information Non-Discrimination Act of 2008 (GINA) and HIPAA privacy laws, Administrators and Designees must ensure that all medical information received is kept completely **confidential and separate** from the employee's personnel file.

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PART B: AMOUNT OF LEAVE NEEDED

1. **Single Continuous Period of Time:** Is it medically necessary for the employee to be absent from work due to the medical condition or serious health condition of the employee or family member? Yes ☐ No ☐

If yes, estimate the beginning and ending dates for the period of incapacity FROM: _____ THROUGH _____

Answer questions 2, 3, and/or 4 only if the employee requires leave on a reduced or intermittent basis.

2. **Reduced Schedule Leave:** Is it medically necessary for the employee to work less than the employee's normal work schedule due to the serious health condition of the employee or family member? Yes ☐ No ☐

If yes, indicate the part-time or reduced work schedule. The employee should work no more than:

_____ Hours per day; _____ days per week; FROM _____ THROUGH _____

Notes: _____

3. **Medical Appointments or Treatment:** Is it medically necessary for the employee to be absent from work for medical appointments and/or treatment due to the serious health condition of the employee or family member? Yes ☐ No ☐

If yes, estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each, including any travel time and recovery period:

Frequency: _____ times per _____ week(s) OR _____ month(s)

Duration: _____ hour(s) OR _____ day(s) per appointment/treatment

APPOINTMENTS/TREATMENT CERTIFICATION DURATION: FROM _____ THROUGH _____

Notes: _____

4. **Intermittent Leave:** Is it medically necessary for the employee to be absent from work on an intermittent basis due to the serious health condition of the employee or family member? Yes ☐ No ☐

If yes, based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may experience (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: _____ times per _____ week(s) OR _____ month(s)

Duration: _____ hour(s) OR _____ day(s) per episode

INTERMITTENT FLARE-UPS CERTIFICATION DURATION: FROM _____ THROUGH _____

Notes: _____

Obtaining Complete and Sufficient Certification

Amount of Leave Needed:

- Indication of medical necessity for a continuous, intermittent (including appointments/treatment), or reduced work schedule absence **and** either the dates of planned absences or an estimated frequency and duration.
- Do not accept responses on certifications of "as needed," "unknown," or "indeterminate" (i.e., for frequency and duration of absence).

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Scenario Five

2. **Reduced Schedule Leave:** Is it medically necessary for the employee to work less than the employee's normal work schedule due to the serious health condition of the employee or family member? Yes ☒ No ☐

If yes, indicate the part-time or reduced work schedule. The employee should work no more than:

8 Hours per day; 3 days per week; FROM 7/1/2018 THROUGH 6/25/2019

Notes:

- A. Yes. From 7/1/2018 – 6/25/2019
- B. Yes. From 7/19/2018 – 3/12/2019
- C. No. This position cannot work part-time.

Bob is an E Basis office tech. On the first day of school he submits a HCP Certification form for reduced schedule. He has never used FMLA before and is eligible. Is the reduced schedule approved? If so what are the dates?

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Your current FMLA/CFRA/PPL year is From: 7/19/2018 Through: 7/18/2019

You previously used: None (days/hours) of protected time during the current protected absence year.

Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your leave entitlement:

✓ Provided there is no deviation from your anticipated leave schedule: FMLA/CFRA/PDL/PPL Days/Hours: 60 days

Single Continuous Period of Time:

From: Through:

Reduced Schedule Leave (Part-time or Reduced Schedule Work Hours):

8 Hours per day; 3 Days per week; From 7/19/2018 Through 3/12/2019

Reduced Schedule: Work Monday, Wednesday, Friday 7:30 – 4:00
Off Work: Tuesday, Thursday

- A. Yes. From 7/1/2018 – 6/25/2019
- B. Yes. From 7/19/2018 – 3/12/2019 ←
- C. No. This position cannot work part-time.

Scenario Five: Correct Answer

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LOS ANGELES UNIFIED SCHOOL DISTRICT

Exhaustion of Protected Absence 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 before giving this form to the employee.

School Site/Division

Supervisor/Administrator

Date

Employee Name

Employee #

The purpose of this notice is to advise you that you have exhausted your job-protected, leave entitlement as follows:

☐ Family and Medical Leave Act (FMLA) and California Family Rights Act (CFRA) provide up to 12 workweeks of job protected leave (26 workweeks for Military Servicemember leave) in a 12-month period measured forward from an eligible employee's first absence date for one or more of the following reasons:

- ☐ The birth of (or bonding with) your new child;
 - ☐ Placement in your home of a new child by adoption or foster care;
 - ☐ Your own serious health condition;
 - ☐ Serious Health Condition of your parent, child or spouse/domestic partner that requires your participation and/or care;
 - ☐ Military Exigency Leave; or,
 - ☐ Military Servicemember (caregiver) Leave
- ☐ FMLA/CFRA entitlement exhausted as of _____.

Your current FMLA/CFRA Year is from: _____ through _____. The protections afforded under FMLA/CFRA have ended for your current FMLA/CFRA year.

☐ Pregnancy Disability Leave (PDL) provides up to 18 workweeks of job protected leave per pregnancy measured forward from an eligible employee's first absence date.

☐ 18 workweeks PDL leave entitlement exhausted as of _____. The protections afforded under PDL have ended.

☐ Paid Parental Leave (PPL) must be completed by your birth child's first birthday or the one year anniversary of the placement date of your adopted or foster care child.

☐ PPL leave entitlement ended as of _____; which is your birth child's first birthday or the anniversary date of your adoptive or foster child's placement in your home.

Exhaustion Notice

Administrators/Designees must provide a written Exhaustion Notice to the employee once the protections afforded by FMLA/CFRA have ended.

- 12 Workweeks FMLA/CFRA/PPL
- 18 Workweeks PDL
- 26 Workweeks Servicemember Leave

Once an employee has exhausted the FMLA/CFRA job protection, their subsequent absences may be subject to disciplinary action.

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Dominique is a Special Education Assistant. His FMLA for medical appointments has been approved. He has been taking off 5 hours each time. How is the absence time reported?

If yes, estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each, including any travel time and recovery period:

Duration: 4 hour(s) OR day(s) per appointment/treatment

Notes: _____

- A. FCIL 4 hours
- B. FCIL 4 hours; IL 1 hours

Dominique is a Special Education Assistant. His FMLA for medical appointments has been approved. He has been taking off 5 hours each time. How is the absence time reported?

If yes, estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each, including any travel time and recovery period:

Duration: 4 hour(s) OR day(s) per appointment/treatment

Notes: _____

- Reason: 4 hours includes any recover/travel time.

Medical Certification Guidelines

You are only entitled to sufficient responses to questions on the Health Care Provider Certification form.

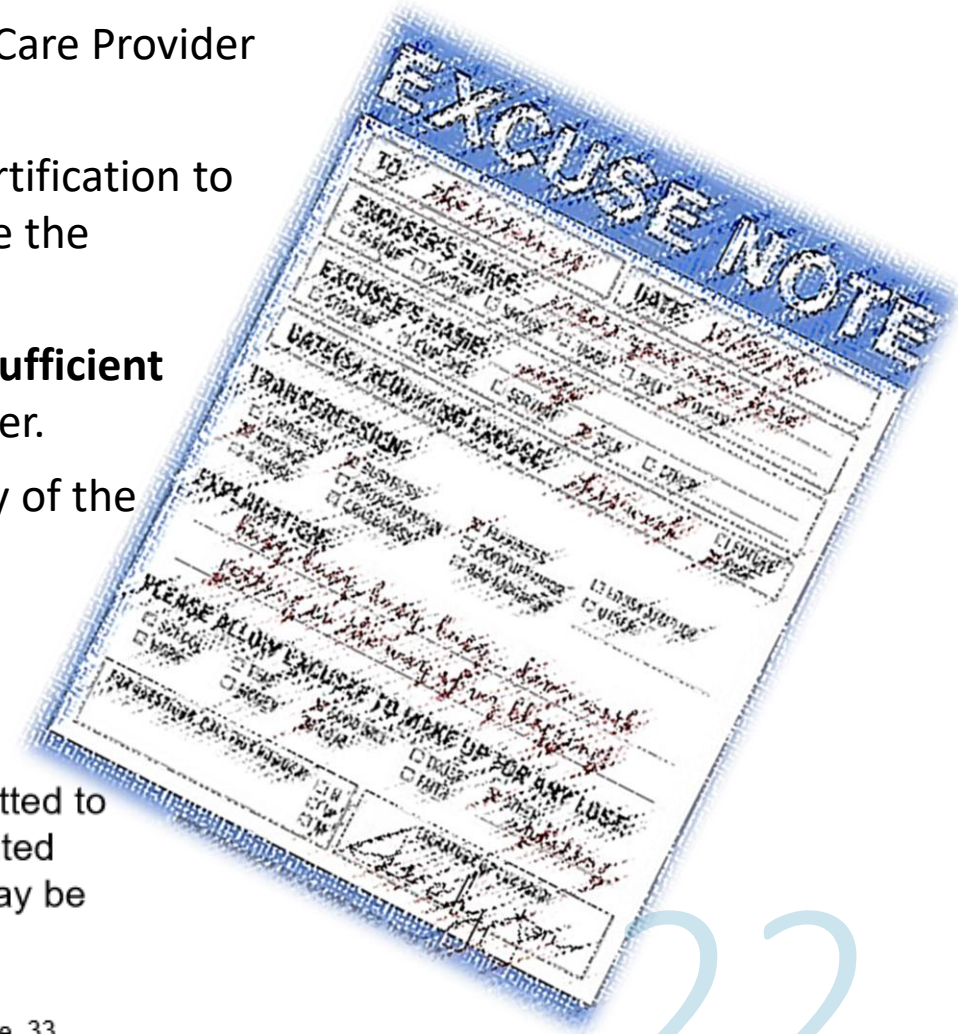
Incomplete or unclear responses are the only valid reasons to ask for certification to be fixed. You must provide employees at least 7 calendar days to provide the additional information.

Administrators/supervisors cannot contact providers directly about insufficient certification. The employee must be the one interacting with the provider.

Consult with Absence Management about any concerns over the validity of the certification.

DID YOU KNOW?

After acquiring a complete and sufficient certification, an employer is not permitted to ask for more information, such as requiring a doctor's note for each FMLA-related absence. Requiring a doctor's note for each *unpaid* FMLA-related absence may be considered interference with the employee's use of FMLA leave.



Protected Absence Codes

Absence Code	Description	Absence Code	Description	Absence Code	Description
FCIL	FMLA Full/Half Illness (Self Only)	FCVA	FMLA Vacation (Varies)	FWC	FMLA Protected Workers' Compensation (Self Only)
FCKC KC	FMLA Kin Care Non-FMLA Kin Care (Family Member)	FCPN	FMLA Personal Necessity (Family Member)	FCUP	FMLA Protected Unpaid (Varies)
PDIL	Pregnancy Full/Half Illness (Self Only)	PDVA	Pregnancy Eligible Vacation (Self Only)	PDUP	Pregnancy Eligible Unpaid (Self Only)
PLIL	Parental Leave Full/Half Illness (Parental Leave Only)	PLVA	Parental Leave Vacation (Parental Leave Only)	PPN	Religious Holiday/Court Appearance Personal Necessity (Self Only)
SAPN	School Activities Personal Necessity (Child Pre-K – 12)	SAUP	School Activities Unpaid (Child Pre-K – 12)	PUP	Religious Holiday/Court Appearance Unpaid (Self Only)

Scenario Seven

Maria is a secondary school teacher who started with the District on 8/15/2015.

She notified her Administrator/Designee on 11/16/2018 that she needs to be off of work for 11/30/2018 to attend the Halloween Contest/Party at your child's elementary school. How is her absence time reported?

- A. 6 hours PN
- B. 6 hours SAPN
- C. 4 hours SAPN; 2 hours SAUP

Scenario Seven: Correct Answer

Maria is a secondary school teacher who started with the District on 8/15/2015.

She notified her Administrator/Designee on 11/16/2018 that she needs to be off of work for 11/30/2018 to attend the Halloween Contest/Party at your child's elementary school. How is her absence time reported?

- A. 6 hours PN
- B. 6 hours SAPN
- C. 4 hours SAPN; 2 hours SAUP ←

Reason: Limit of how much of 40 hours for School Activities each school year can be paid; per each bargaining agreement



UTLA
(UNITED TEACHERS OF LOS ANGELES)
Bereavement, Kin Care, & Personal Necessity Summary Sheet

This summary sheet is for informational purposes only and does not modify or change District Policy, Administrative Regulation, Personnel Policy Guides, any Collective Bargaining Agreement (CBA), or Federal/State law. Where there is a conflict between the information contained in this summary sheet and the CBA, the contract will prevail. Please refer to the CBA and/or District policy bulletins for specific benefits and provisions.

LEAVE TYPE	LEAVE REASON & ABSENCE CODE(S)	ELIGIBLE FAMILY MEMBER AND/OR QUALIFYING EVENT
BEREAVEMENT	Death (BV)	▪ Immediate Family (See Definition Below): If acceptable proof of death and relationship is provided and commences within ten (10) calendar days of the death. If more than one such death occurs simultaneously, the absences may be taken consecutively.
KIN CARE	Domestic Violence, Sexual Assault, or Stalking Victim (KC)	▪ Employee: To obtain temporary restraining order, restraining order, or other injunctive relief, to help ensure health, safety or welfare of victim: BUL-6585.1
	Illness (KC, FCKC), Preventive Care (KC)	▪ Child (Including Step, Foster), Domestic Partner, Grandchild, Grandparent, Sibling, Spouse, Parent (Including In-Laws)
PERSONAL NECESSITY	Accident (PN)	▪ Employee, Immediate Family (See Definition Below): Person or property
	Birth and/or Child Adoption (PN, FCPN)	▪ Employee (Birth or adoption of a child) BUL-1205.4
	Child Suspension (PN)	▪ Child, Ward: To meet with school administrator as required by Section 48900.1 of the Education Code
	Conference or Convention Attendance (PN)	▪ Employee (Authorized by District; Pursuant to Section 19.0 of Article XIII)
	Court Appearance as Litigant or Non-Litigant Witness under Subpoena (PPN, PUP)	▪ Employee (Required: Written Request of 5 Working Days or More; Court certification of appearance; Witness fees shall be remitted to the District; Return to work when it is not necessary to be absent the entire day)
	Death (PN)	▪ Immediate Family (See Definition Below): When time in excess of Bereavement is required ▪ Close friend or relative: Not included in the definition of immediate family
	Imminent Danger to Home (PN)	▪ Employee (Occasioned by Disaster such as flood, fire, or earthquake)
	Other Significant Event of Compelling Nature (PN)	▪ Employee (Event compelling in nature, demanding employee's attention, and cannot be reasonably expected to disregard – Limited to one (1) occasion in any school year)
	Religious Holiday of Employee's Faith (PPN, PUP)	▪ Employee (Required: Written Request of 5 Working Days or More)
	Serious Illness (PN, FCPN)	▪ Immediate Family (See Definition Below): BUL-1205.4
	School Activities (SAPN, SAUP) -Up to 4 hours paid; 36 hours of accrued vacation or unpaid -Not to exceed 8 hours per calendar month; 40 hours per school year	▪ Child, Grandchild, Ward: Attending school activities of students Pre-K through 12 th grade (Required: Written Request of 5 Working Days or more; Written verification from the school visited)

Immediate Family is defined as the following Relatives of the Employee:

- | | |
|---|---|
| <ul style="list-style-type: none">➤ Spouse (Including Cohabitant Equivalent of Spouse)➤ Parent (Includes In-Laws, Step, Foster, & of Cohabitant Equivalent of Spouse)➤ Grandparent (Includes In-Laws, Step, Foster, & of Cohabitant Equivalent of Spouse)➤ Grandchild (Includes Step, of Spouse, & of Cohabitant Equivalent of Spouse) | <ul style="list-style-type: none">➤ Child (Includes Step, Foster, & of Cohabitant Equivalent of Spouse)➤ Brother, Sister➤ Daughter-in-Law/Son-in-Law➤ Any relative living in the immediate household |
|---|---|

Employees are entitled to three (3) days of Bereavement per qualifying event (if travel out of state is required and requested, an additional two (2) days shall be granted), six (6) days of Kin Care (KC) per calendar year, and six (6) days of Personal Necessity (PN) per fiscal (school) year.

Bereavement, Kin Care, and Personal Necessity are compensatory leaves of absence. Kin Care and Personal Necessity are deducted from and may not exceed the number of full-pay illness hours to which the employee is entitled. Personal Necessity shall not be granted during a strike, demonstration or any work stoppage involving the Union.

Bereavement, Kin Care & Personal Necessity Summary Sheets

<https://achieve.lausd.net//site/Default.aspx?PageID=2303>

Holidays & Shutdowns (Calendar Breaks)

When a holiday falls within the workweek and the employee is absent for the entire workweek, the holiday is included in the calculating the employee’s FMLA/CFRA/PDL entitlement (usage)

The entire workweek is counted as one (1) full workweek of FMLA/CFRA/PDL used

When a holiday falls within the workweek and the employee works any portion of the workweek, only the days the employee reported as FMLA/CFRA/PDL can be included in calculating the employee’s FMLA/CFRA/PDL entitlement (usage)

The District cannot count the holiday as FMLA/CFRA/PDL leave

If the District’s business activity has temporarily ceased and employees generally as not expected to report to work for seven (7) or more calendar days, the days the District’s business activities have ceased do not count against the employee’s protected absence entitlement.

The following calendar breaks are not included when calculating FMLA/CFRA/PDL/PPL entitlement for employees on a continuous leave and are unassigned during:

Spring Break	Winter Break	Summer Break
Thanksgiving Break		Beaudry Shutdown

Scenario Eight

Jose is a six hour C-Basis Special Education Assistant who is out on FMLA for a continuous period of time from 12/3/2018 to 1/11/2019. How is his time reported each day during the Winter Break? What about days when he is unassigned?

- A. 6 hours VA
- B. 6 hours FCVA
- C. 6 hours FCIL

Scenario Eight: Correct Answer

Jose is a six hour C-Basis Special Education Assistant who is out on FMLA for a continuous period of time from 12/3/2018 to 1/11/2019. How is his time reported each day during the Winter Break? What about days when he is unassigned?

A. 6 hours VA; no time reported when unassigned ←

B. 6 hours FCVA

C. 6 hours FCIL

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Scenario Nine

Jane, an A-basis, classified employee with 10 years of service and 200 days worked, works until 2 weeks prior to her expected due date, when her doctor puts her on disability leave.

She delivers her baby on March 5, 2018 and takes 6 weeks recovery time after the birth.

Jane then plans to take 6 weeks of parental leave immediately following her pregnancy disability leave.

How much job-protected time is Jane entitled to take off of work for her pregnancy?

Is Jane entitled to Paid Parental Leave? If so, how much time is she entitled to?

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Jane's Pregnancy and Parental Leave Timeline

Pregnancy Disability Leave: Jane is entitled to up to 18 workweeks of PDL. She uses 8 PDL workweeks.

Parental Leave: As a classified employee with more than 12 months employment, Jane is eligible for Paid Parental Leave (PPL). She uses 6 weeks of PPL workweeks total.

Pregnancy Disability Leave (PDL) 18 Workweeks of Job Protection for Pregnancy-Related Disabilities							Paid Parental Leave (PPL) and California Family Rights Act (CFRA) 12 Workweeks Maximum								
2		4		6		8	2			4			6		
Pregnancy Disability Codes		Description		Pregnancy Disability Codes		Description		Parental Leave Codes		Description		Parental Leave Codes		Description	
PDIL		Pregnancy Full/Half Illness (Self Only)		PDVA		Pregnancy Eligible Vacation (Self Only)		PLIL		Full/Half Illness (50% of regular salary) (Paid Parental Leave Eligible Employees Only)		PLVA		Vacation (Paid Parental Leave Eligible Employees Only)	
PDUP		Pregnancy Eligible Unpaid (Self Only)													

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Medical Certification

In accordance with the Family and Medical Leave Act (FMLA) and California Family Rights Act (CFRA) the District requires medical certification issued by a health care provider, if the employee is seeking a qualifying, protected leave for the employee's own Serious Health Condition or that of a qualifying family member.



DID YOU KNOW?

Employers may **not** request a certification for leave to bond with a healthy newborn child or a child placed for adoption or foster care. However, employers may request documentation to confirm the family relationship (see chapter 3 for information about documenting the family relationship).

¹ The Employer's Guide to the Family and Medical Leave Act . Chapter 4, "The Certification Process," page 29

Parental Leave: Evidence of Relationship



For new mothers with or without a prior pregnancy disability leave, new fathers, registered domestic partners, or foster care or adoptive parents:

Provide documented evidence of your relationship to the child with whom you wish to bond:

Birth verification must clearly show the child's name, date of birth, and the name of the parent requesting parental leave

Examples include:

A copy of the child's birth certificate issued by the city or county

A birth verification letter from the hospital where the birth took place that includes the parent's name and the child's date of birth

New placement of foster care or adoption legal documentation must be provided, verifying the date the child was placed in your custody

PREGNANCY DISABILITY LEAVE CHECKLIST



This checklist will guide you through the process of going on Pregnancy Disability Leave. As with any other job-protected absence, you should partner with your site administrator/supervisor to ensure a seamless Pregnancy Disability Leave.

Division of Risk Management and Insurance Services
Integrated Disability Management (IDM) Branch
September 2018



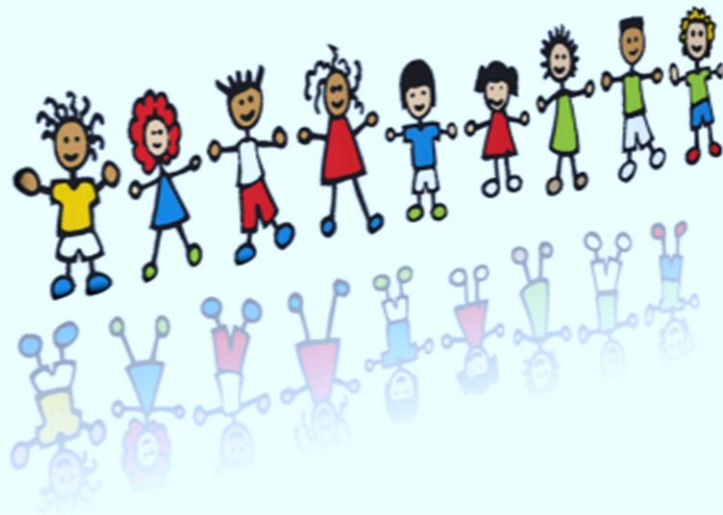
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PARENTAL LEAVE CHECKLIST



This checklist will guide you through the process of going on Parental Leave. As with any other job-protected absence, you should partner with your site administrator/supervisor to ensure a seamless Parental Leave.

Division of Risk Management and Insurance Services
Integrated Disability Management (IDM) Branch
February 2019



11 Absence Management



12 Reasonable Accommodation



13 Stay at Work



14 Workers' Compensation

Resources

FMLA/CFRA/PDL Guidance and Support:	213.241.3954; fmla@lausd.net
Los Angeles Unified School District's Protected Leaves & Absences website (Tools & Resources):	http://achieve.lausd.net/idm Forms; Notices; Tracking Worksheet
FMLA Bulletin	BUL – 1205.4
Paid Parental Leave Bulletin	BUL – 6861.0
Certification of Absence Form	BUL – 6307.4
FMLA Regulations	https://www.dol.gov/whd/fmla/index.htm
CFRA Regulations	http://www.dfeh.ca.gov/legal-records-and-reports/laws-and-regulations
California Pregnancy Disability Leave Act	https://www.dfeh.ca.gov/resources/frequently-asked-questions/employment-faqs/pregnancy-disability-leave-faqs/
Collective Bargaining Agreements on Staff Relations website:	From LAUSD's homepage: http://www.lausd.net , go to "Offices" then "Office of Labor Relations"
Personnel Commission Rules	From LAUSD's homepage: http://www.lausd.net , go to "Offices" then "Personnel Commission"



THANK YOU

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