



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

TITLE: Family and Medical Leave Act/California Family Rights Act/Pregnancy Disability Leave Policy

NUMBER: BUL-1205.4

**DOCUMENT
VISIBILITY:** ☐ PROTECTED ☒ PUBLIC

ISSUER: Janice Sawyer, Chief Risk Officer
Division of Risk Management and Insurance Services

DATE: February 28, 2019

PURPOSE: The purpose of this Bulletin is to outline administrative procedures for responding to employee leave requests afforded under the Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA) and Pregnancy Disability Leave (PDL) and to inform employees of their rights and responsibilities for taking FMLA/CFRA and PDL.

**MAJOR
CHANGES:** This Bulletin replaces BUL-1205.3 of the same title, dated October 05, 2015.
The content has been revised to reflect changes made to District administrative processes and communications. Major changes include:

1. Information regarding Pregnancy Disability Leave (PDL) has been added.
2. Information regarding Evidence of Relationship (EOR) has been added.
3. Health Care Provider Certification (form FMLA-1) has been updated.
4. Employee Eligibility & Entitlement and Rights & Responsibilities Notice (Form FMLA-2) has been updated.
5. Approval Designation Notice (form FMLA-3) has been updated.
6. Designation Not Approved Notice (form FMLA-4) has been updated.
7. Exhaustion of Protected Absence Notice (form FMLA-5) has been updated.
8. Complete and Sufficient Certification Notice (form FMLA-7) has been added.
9. Evidence of Relationship Information Sheet (form FMLA-8) has been added.
10. Certification of Qualifying Exigency (form FMLA-9) has been added.

The District is committed to continued compliance with the federal Family and Medical Leave Act (FMLA), the California Family Rights Act (CFRA) and the California Pregnancy Disability Leave (PDL).

FMLA and CFRA require that the District provide to an eligible employee a maximum of twelve (12) workweeks of protected leave during any defined 12-month period for the employee's own serious health condition that makes the employee unable to perform one or more of the employee's essential job functions; to care for the employee's spouse, domestic partner (CFRA Only), son, daughter, or parent with a serious health condition; to bond with the employee's child after the child's birth; the placement with the employee of a son or daughter through adoption or foster care; and/or because of any qualifying exigency (FMLA Only) arising out of the fact that the employee's spouse, son, daughter, or parent is a military member on a covered active duty status.

ROUTING
All Locations



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An eligible employee's FMLA entitlement is limited to a total of twenty six (26) workweeks during a single 12-month period to care for a covered military service member with a serious illness or injury sustained while on active military duty measured forward from the first day absent to care for a covered servicemember.

PDL requires employers to provide eligible employees a maximum of four (4) months (18 workweeks) of protected leave per pregnancy for pregnancy-related disabilities.

Where there is a conflict between the provisions of FMLA, CFRA, and/or PDL, the provision which provides the greater family or medical leave rights to the employee will prevail.

GUIDELINES: I. Eligibility

To be eligible for FMLA/CFRA leave a full-time or part-time employee must:

- A. Have been employed with the District for at least 12 months (52 weeks); which need not be consecutive. However, employment at any time prior to a break in service of seven (7) or more years is not counted, except for a break in service caused by a military service obligation; and
- B. Have worked at least 130 equivalent workdays (or 1,250 hours for Unit A, E, and G employees) in the 12-month period prior to the first day of absence.

If an employee is not eligible for FMLA/CFRA leave at the start of a leave because the employee has not met the 12-month length of service requirement, the employee may nonetheless still meet this requirement while on leave, however, time spent while on leave will not count towards the 130 workdays (or 1,250 hours) for purposes of eligibility.

There is no minimum service or worktime requirement for PDL.

II. Reasons for Leave

Eligible employees can receive FMLA/CFRA leave for any of the following reasons:

- A. Birth of an employee's child ("bonding" or "parental leave"). Leave must be completed prior to the child's 1st birthday.
- B. Placement of a child with the employee for adoption or foster care, including time to prepare for the placement, as well as, bonding time after the placement of the child. Leave must be completed within one year of the child being placed with the employee.
- C. To care for the employee's own serious health condition that makes the employee unable to perform one or more essential functions of the employee's job.
- D. To care for an employee's son, daughter, parent, spouse, or domestic partner (CFRA only) who has a serious health condition, including incapacity due to pregnancy and for prenatal medical care. (See Definitions.)
- E. Any qualifying exigency arising out of the employee's son's, daughter's, parent's, or spouse's active duty in the United States Armed Forces (or if such eligible family member has been notified of an impending call or order to active duty) in support of a contingency operation (FMLA only).



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- F. To care for the employee's son, daughter, parent, spouse, or next of kin who is undergoing medical treatment, recuperation, or therapy, or is otherwise on the temporary disability retired list for a serious injury or illness while on active military duty in the Armed Forces (FMLA only).

Eligible employees can receive PDL leave for any of the following reasons:

- A. A physical or mental condition related to pregnancy or childbirth that prevents an employee from performing essential duties of the employee's job, or if the employee's job would cause undue risk to the employee or the employee's pregnancy's successful completion.

III. Certification: Medical, Qualifying Exigency, and Evidence of Relationship

Employees who request FMLA/CFRA leave for their own or a Family Member's Serious Health Condition must submit a "Health Care Provider Certification" form within 15 calendar days of the request. The form must be complete and sufficient in order for FMLA/CFRA to be approved.

Employees who request FMLA for a qualifying military exigency leave must submit a "Certification of Qualifying Exigency" form within 15 calendar days of the request. The form must be complete and sufficient in order for FMLA to be approved.

Employees who request FMLA/CFRA leave for bonding with a newborn or placement of a child through foster care or adoption must submit "Evidence of Relationship" (See form FMLA-8) within 15 calendar days of the request. The information must be complete and sufficient in order for FMLA/CFRA to be approved.

Employees who request PDL leave for their own pregnancy-related disability must submit a "Health Care Provider Certification" form within 15 calendar days of the request. The form must be complete and sufficient in order for PDL to be approved.

If the Certification form or the Evidence of Relationship is not complete and sufficient, the employee will be notified of the deficiencies in writing and given seven (7) calendar days to correct the deficiencies.

At the time the Site Administrator or Designee requests certification and/or Evidence of Relationship the employee shall be advised of the anticipated consequences of his or her failure to provide adequate certification.

IV. Recertification

If additional time for the current certification form is needed, either in duration of condition or amount of leave needed, the employee must provide a new completed certification form.

V. Duration of FMLA/CFRA and PDL Leave

- A. An employee may take up to 12 workweeks of FMLA/CFRA leave in a 12-month period. The 12-month period is measured forward from the date of the first FMLA/CFRA absence.
- B. An employee may take up to four (4) months; which the District defines as 18 workweeks of PDL leave per pregnancy.



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- C. An employee may take up to 26 workweeks in a 12-month period for FMLA military caregiver leave. However, an employee who requires leave as a military caregiver is not entitled to more than 26 workweeks in a 12-month period. For example, if an employee takes 12 workweeks of FMLA leave for his/her own serious health condition and subsequently requires a leave as a military caregiver, the employee is only entitled to 14 additional workweeks of FMLA leave.

VI. Related Definitions

- A. **Domestic Partner (CFRA Only):** A registered domestic partner within the meaning of California Family Code sections 297 through 297.5.
- B. **Essential Functions:** The fundamental job duties of the class description or employment position as defined in California Government Code 12926.
- C. **Family Care Leave:** Leave for the birth or the placement of a child through adoption or foster care with an employee or to care for a child, parent, spouse, domestic partner (CFRA only) of the employee who has a serious health condition.
- D. **FMLA/CFRA Leave:** Family care leave or medical leave that qualifies for up to 12 workweeks of FMLA/CFRA protections in a 12-month period measured forward from the eligible employee's first absence date.
- E. **Health Care Provider:** A licensed physician, surgeon, osteopathic physician or surgeon, podiatrist, dentist, clinical psychologist, optometrist, chiropractor (limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X-ray), nurse practitioner, nurse midwife, clinical social worker, physician assistant, or a Christian Science Practitioner listed with the First Church of Christ, Scientist in Boston, Massachusetts.
- F. **Incapacity:** An inability to work, attend school, or perform other regular activities due to a serious health condition, treatment thereof, or recovery therefrom.
- G. **In loco parentis:** A type of relationship in which a person has put themselves in the situation of a parent by assuming and discharging the obligations of a parent to a minor child, including persons with day-to-day responsibilities to care for or financially support a minor child.
- H. **Intermittent Leave:** Leave taken in separate periods of time due to a serious health condition, rather than one continuous period of time.
- I. **Medical Leave:** Leave for an employee's own serious health condition that makes the employee unable to work at all or unable to perform any one or more of the essential job functions of the employee's position (job).
- J. **Next of Kin (FMLA Servicemember Leave Only):** Nearest blood relative other than the covered servicemember's spouse, parent, son, or daughter.
- K. **Parent:** Biological, adoptive, step or foster father or mother, or any other individual who stood *in loco parentis* to the employee when the employee was a son or daughter as defined below. This term does not include parent-in-law.
- L. **Pregnancy or Prenatal Care:** Any period of incapacity due to pregnancy, or for prenatal care.



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- M. **Pregnancy Disability Leave (PDL):** Leave up to four (4) months (18 workweeks) taken for disability on account of pregnancy, childbirth, or a related medical condition.
- N. **Reduced Work Schedule:** A leave schedule that reduces the employee's usual number of working hours per week, or hours per workday for a period of time.
- O. **Regimen of Continuing Treatment:** In-person treatment by a health care provider on at least one occasion within seven days of the first day of incapacity; which results in continuing treatment under the supervision of the health care provider.
- P. **Serious Health Condition:** An illness, injury (including, but not limited to, on-the-job injuries and pregnancy), impairment or physical or mental condition that involves inpatient care or a regimen of continuing treatment by a health care provider.
- Q. **Site Administrator:** The employee's immediate supervisor or the immediate supervisor's designee.
- R. **Son or Daughter:** Biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing *in loco parentis* who is either under age 18, or age 18 or older and "incapable of self-care because of a mental or physical disability."
- S. **Spouse:** Husband or wife. This definition includes an individual in a same-sex or common law marriage entered into in a State that recognizes such marriages.
- T. **Treatment:** Includes, but is not limited to, examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye or dental examinations.

VII. Site Administrator Responsibilities

A. **Identify a Potential FMLA/CFRA and/or PDL absence**

FMLA/CFRA and PDL regulations require that the District identify an employee's need for FMLA/CFRA and/or PDL protections. The Site Administrator or Designee is responsible for initiating the required notifications and eligibility checks.

An employee may be eligible for FMLA/CFRA and/or PDL protections in the event of:

1. Employee's condition or employee's son, daughter, parent, spouse, or domestic partner requires inpatient care in a hospital, hospice, or residential care facility.
2. Incapacity of more than 3 consecutive calendar days and a regimen of continuing treatment.
3. Intermittent absences or reduced work schedule absences for medical appointments, treatment or therapy, or flare-ups of a medical condition.

In all instances, the Site Administrator or Designee may ask additional questions to determine if the leave is FMLA/CFRA and/or PDL-qualifying.



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B. Check Eligibility

The Site Administrator or Designee shall determine if the employee is eligible for FMLA/CFRA and/or PDL protections. (See the “Eligibility” section of this bulletin for more information.)

The Site Administrator shall give the employee the Notice of Employee Eligibility & Entitlement and Rights & Responsibilities (Form FMLA-2). Notice must be provided within five (5) business days of recognizing the need for FMLA/CFRA and/or PDL. Verbal notice is not sufficient.

If the employee does not meet the eligibility requirements, the Site Administrator or Designee shall give the employee the Designation Not Approved Notice (Form FMLA-4). Notice must be provided within five (5) business days of determining the employee is not eligible for FMLA/CFRA.

C. Request Certification

If an employee has a qualifying FMLA/CFRA and/or PDL absence and is eligible for FMLA/CFRA and/or PDL protections, the Site Administrator or Designee shall request the appropriate certification from the employee, unless already provided.

The Site Administrator or Designee shall give the employee the Health Care Provider Certification (Form FMLA-1), Certification of Qualifying Exigency (Form FMLA-9) or Evidence of Relationship (Form FMLA-8) Information Sheet if it has not been submitted by the employee at the time notice of the need for absence is provided. (See the “Certification: Medical, Qualifying Exigency, and Evidence of Relationship” section of this bulletin for more information.)

D. Designating an Absence

Once the Site Administrator or Designee has reviewed the Health Care Provider Certification, Certification of Qualifying Exigency, or Evidence of Relationship and determined the absence is being taken for a FMLA/CFRA and/or PDL-qualifying reason, an Approval Designation Notice (Form FMLA-3) shall be given to the employee.

If the Health Care Provider Certification, Certification of Qualifying Exigency, or Evidence of Relationship is not received, is incomplete, or is not for an FMLA/CFRA and/or PDL-qualifying reason, the Designation Not Approved Notice (Form FMLA-4) shall be given to the employee.

In all instances, the designation notice shall be given to the employee within five (5) business days of the determination.

E. Track Amount of FMLA/CFRA Time Used

The maximum amount of FMLA/CFRA time an employee can use within an FMLA Year is 12 workweeks (60 days) for all reasons except Military Caregiver which allows a maximum of 26 workweeks (130 days).

The maximum amount of PDL time an employee can use is 18 workweeks (90 days) per pregnancy.



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F. **Maintain Documentation**

All certifications, re-certifications, Evidence of Relationship documents and medical histories of employees or the employee's son, daughter, parent, spouse, or domestic partner are subject to the various privacy protections and must be confidentially maintained.

All FMLA/CFRA documentation relating to the employee or employee's son, daughter, parent, spouse, or domestic partner must be kept in a ***confidential*** file separate from the employee's regular personnel records. If the employee is taking a formal leave of absence (i.e. more than 20 working days), the original paperwork must be submitted to the appropriate Human Resources department and a copy should be kept at the work location.

VIII. **Employee Rights**

If the employee's leave qualifies for FMLA/CFRA and/or PDL, the employee will have the following rights while on paid or unpaid FMLA/CFRA and/or PDL leave:

- A. Paid or unpaid FMLA/CFRA and/or PDL leave will not constitute a break in service for the purposes of establishing longevity or seniority, or for layoff, recall, promotion, job assignment, or seniority-related benefits.

Unpaid FMLA/CFRA and/or PDL leave, however, is not treated as credited service time for permanency, retirement, or benefit accrual, vesting, and eligibility.

- B. Maintenance of health benefits during any period of FMLA/CFRA and/or PDL leave under the same conditions as if the employee had continued to work. If an employee goes into an unpaid status while on FMLA/CFRA and/or PDL leave, the District will continue to pay its portion of the health benefits premiums. Employees who pay a portion of their health benefits premiums are required to continue to pay their portion of the health benefits premium regardless of their status (i.e., paid or unpaid).
- C. Reinstatement to the same or equivalent position upon return from FMLA/CFRA and/or PDL leave, subject to seniority rules in the event of layoffs in the employee's position. If the leave extends beyond the end of the employee's FMLA/CFRA and/or PDL entitlement, the employee does not have return rights under FMLA/CFRA and/or PDL. However, the employee may have rights under their respective Collective Bargaining Agreement and/or Personnel Commission Rules.

IX. **Employee Responsibilities**

If an employee's leave qualifies as FMLA/CFRA and/or PDL, the employee will have the following responsibilities while on FMLA/CFRA and/or PDL leave:

- A. Provide Site Administrator with at least 30 days advance notice of when and how much FMLA/CFRA and/or PDL leave is needed when the leave is foreseeable.
- B. When the need for leave is not foreseeable, the employee is expected to notify the Site Administrator as soon as practicable based upon the facts and circumstances.
- C. Comply with the usual and customary call-in and reporting procedures in accordance with their work location and Collective Bargaining Agreement.



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- D. Once approved for a particular FMLA/CFRA and/or PDL leave reason, employees are required to reference that leave reason or the FMLA/CFRA and/or PDL when reporting absences and/or requesting additional leave.

In all instances, the employee is responsible for responding to questions from the Site Administrator to determine if the leave is FMLA/CFRA and/or PDL-qualifying.

- E. Make a reasonable effort to schedule treatment so as not to disrupt operations.
- F. Employees who pay a portion of their health benefits premiums are required to continue to pay their portion of the health benefits premium regardless of their pay status (i.e. paid or unpaid).
- G. An employee may be required to reimburse the District for health insurance premiums paid on behalf of the employee during their FMLA/CFRA and/or PDL leave if the employee does not return to work following FMLA/CFRA and/or PDL leave for a reason other than:
1. The continuation, recurrence, or onset of a serious health condition which would entitle him or her to FMLA/CFRA leave;
 2. The continuation, recurrence, or onset of a covered service member's serious injury or illness which would entitle the employee to FMLA/CFRA leave; or
 3. Other circumstances beyond the employee's control.

X. Compensation

FMLA/CFRA and/or PDL can be paid, unpaid, or a combination of both.

If the FMLA/CFRA absence is for the employee's own Serious Health Condition the employee is required to use any available full-pay and half-pay illness and/or vacation time before going unpaid.

Employees on PDL are allowed, but not required to use any available full-pay and half-pay illness and/or vacation time.

If the FMLA/CFRA absence is to care for the employee's son, daughter, parent, spouse, or domestic partner, the employee is required to use any available Kin Care, Personal Necessity, and vacation time. All other time is unpaid.

If the employee is receiving benefits under California Paid Family Leave program, however, the employee is not required to use available Kin Care, Personal Necessity, or vacation benefits.

XI. Non-Retaliation and Protection from Interference with FMLA/CFRA and PDL Rights

Employers are prohibited from interfering with an employee's right to utilize FMLA/CFRA and/or PDL. Interfering includes discriminating or retaliating against an employee for having exercised or attempted to exercise FMLA/CFRA and/or PDL rights. Employees have the right to utilize FMLA/CFRA and/or PDL leave for any qualifying reason without criticism or discouragement. Also, an employee must not be subject to discipline for the exercise of FMLA/CFRA and/or PDL rights.

Retaliation and/or Interference does not include an employer's pertinent contact/communications with the employee regarding the employee's job. The employer, however, is not permitted to contact the employee to induce the employee to return from leave or to require the employee to perform actual work.



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While an employee can freely exercise their right to take FMLA/CFRA and/or PDL leave under the law and not be disciplined for doing so, taking a protected leave of absence will not affect pending disciplinary proceedings or prevent discipline from being issued that is based upon legitimate reasons related to work performance and/or conduct.

AUTHORITY:

This is a policy of the Los Angeles Unified School District. This policy is established in accordance with the Federal Family and Medical Leave Act, the California Family Rights Act, and the California Pregnancy Disability Leave Law.

RELATED RESOURCES:

Los Angeles Unified School District FMLA/CFRA website: <http://fmla.lausd.net>

Collective Bargaining Agreements are located on the LAUSD “Labor Relations” website:

From the LAUSD homepage go to “Office” then “Labor Relations”

Personnel Commission Rules:

From the LAUSD homepage go to “Office” then “Personnel Commission”

United States Department of Labor, FMLA Regulations:

<http://www.dol.gov/dol/topic/benefits-leave/fmla.htm>

California Department of Fair Employment and Housing, CFRA Regulations:

<https://www.dfeh.ca.gov>

California Department of Fair Employment and Housing, California Pregnancy

Disability Leave Act: <https://www.dfeh.ca.gov>

California Employment Development Department, California Family Paid Family

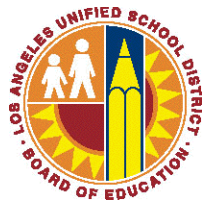
Leave: <https://www.edd.ca.gov>

ASSISTANCE:

For assistance or further information, contact the Absence Management Section in the Division of Risk Management and Insurance Services at 213-241-3954 or visit the FMLA/CFRA website at <http://fmla.lausd.net>

FORMS:

1. Health Care Provider Certification Form – Employee or Family Member Medical and/or Serious Health Condition (Form FMLA-1)
2. Employee Eligibility & Entitlement and Rights & Responsibilities Notice (Form FMLA-2)
3. Approval Designation Notice (Form FMLA-3)
4. Designation Not Approved Notice (Form FMLA-4)
5. Exhaustion of Protected Absence Notice (Form FMLA-5)
6. Complete and Sufficient Certification Notice (Form FMLA-7)
7. Evidence of Relationship (EOR) Information Sheet – Newborn, Foster Care, or Adoption Parental Leave (Form FMLA-8)
8. Certification of Qualifying Exigency for Family Military Leave (Form FMLA-9)



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

EE Name:

EMP #:

Health Care Provider Certification Form

Employee or Family Member Medical and/or Serious Health Condition
Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA), Pregnancy Disability Leave (PDL)

SECTION I: For Completion by the SUPERVISOR

INSTRUCTIONS: Complete Section I and attach class description 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

Supervisor should attach class description.

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS: You are required to submit a timely, complete and sufficient medical certification to support requests for protected absences and/or formal Leave of Absence. Submittal of the medical 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 medical certification may result in the delay or denial of your request for protected absences and/or formal Leave of Absence.

RELEASE OF MEDICAL INFORMATION:

I hereby authorize any physician/health care provider who has provided medical care regarding any condition related to the current Leave of Absence request to release any or all pertinent information and records to the Los Angeles Unified School District. **DO NOT disclose a diagnosis.** By signing this authorization, I give my health care provider permission to respond to the District's requests to verify authenticity of the Certification below.

Employee's Full Name

Employee's Signature

Date

Family Member's Name (If Applicable)

Family Member's Relationship to Employee (If Applicable)

Family Member's Signature (If Applicable)

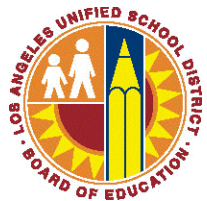
Date

If absence is for 20 CONSECUTIVE WORKING DAYS OR LESS, this form will remain at the employee's site.

If absence is for MORE THAN 20 CONSECUTIVE WORKING DAYS, a District formal Leave of Absence is required and this form will be forwarded by the employee to the appropriate personnel office, with a copy retained at the site.

- ☐ Personnel Commission Classified Employment Services Branch, PH: 213.241.6300, PO Box 513307, Los Angeles, CA 90051-1307
- ☐ Human Resources Certificated Assignments & Support Services, PH: 213.241.5100, PO Box 3307 (Dept. S), Los Angeles, CA 90051
- ☐ Human Resources Administrative Assignments Unit, PH: 213.241.6365, PO Box 3307, Los Angeles, CA 90051
- ☐ DACE Personnel Unit, 333 S. Beaudry Ave, PH: 213.241.3150, 15th Floor, Los Angeles, CA 90017
- ☐ Early Childhood Education Unit, 333 S. Beaudry Ave, PH: 213.241.2404, 15th Floor, Los Angeles, CA 90017

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

EE Name:

EMP #:

Health Care Provider Certification Form

Employee or Family Member Medical and/or Serious Health Condition
Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA), Pregnancy Disability Leave (PDL)

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS: Please provide complete answers to all applicable questions below and be sure to sign and date page 3. Several questions seek a response regarding the frequency or duration of a condition and/or treatment. Your answer should be your BEST ESTIMATE based upon your examination of the patient and your prognosis. Please be as specific as possible, noting that terms such as "as needed," "unknown," or "indeterminate" may not be sufficient to determine FMLA, CFRA and/or PDL coverage. Limit your responses to address only the condition for which the employee is seeking protected absences and/or formal Leave of Absence.

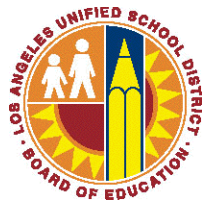
The Genetic Information Nondiscrimination Act of 2008, Title II (GINA) prohibits employers and other entities covered by GINA, from requesting genetic information of an individual or family member, except as specifically allowed by this law. To comply with GINA, do not provide any genetic information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

PART A: MEDICAL FACTS OF PATIENT'S CONDITION(S)

1. Approximate date condition commenced: _____
Probable duration of condition: _____
2. Does the employee's medical condition qualify as a serious health condition? YES ☐ NO ☐
3. If yes, check any/all definitions of serious health conditions below (A-F) that apply. (Detailed List Attached)
 - ☐ A. In-patient care in a hospital, hospice, or residential medical care facility
 - o If yes, provide date(s) of admission: _____
 - ☐ B. Serious incapacity of more than 3 consecutive calendar days plus 2 treatments. If yes, will the patient:
 - o Need to have treatment visits at least twice per year due to the condition? YES ☐ NO ☐
 - o Have medication, other than over-the-counter, prescribed? YES ☐ NO ☐
 - o Be evaluated or treated by other health care provider(s)? YES ☐ NO ☐
 - ☐ C. Incapacity causing absence due to pregnancy or pre-natal care
 - o Expected delivery date: _____
 - ☐ D. Serious chronic condition causing incapacity and requiring treatments
 - ☐ E. Serious permanent condition or serious long-term condition
 - ☐ F. Multiple treatments for serious health condition
4. Answer question "A" based upon either the attached job description of the employee's essential functions or the employee's own description of his/her job functions, if the job description is not provided.
 - A. If this certification is to cover protected absence(s) (FMLA/CFRA/PDL) for the serious health condition of the employee, please answer the following:
Does the condition create periods of incapacity that prevent the employee from performing one or more of his/her job functions? YES ☐ NO ☐
 - B. If the certification is for the care of the employee's family member, please answer the following:
Does (or will) the patient require assistance from the employee for basic medical hygiene, nutritional needs, safety, transportation, psychological comfort, and/or arranging for third-party care? YES ☐ NO ☐

Answer questions 5 & 6 for a District formal Leave of Absence only.

5. Is the employee's medical condition work related (Industrial Injury)? YES ☐ NO ☐
6. Is the employee's medical condition a Permanent Disability (Leave of Absence only)? YES ☐ NO ☐



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Personnel Commission Classified Employment Services Branch
Human Resources Certificated Assignments & Support Services

EE Name:

EMP #:

Health Care Provider Certification Form

Employee or Family Member Medical and/or Serious Health Condition
Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA), Pregnancy Disability Leave (PDL)

SECTION III: For Completion by the HEALTH CARE PROVIDER, CONTINUED

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: _____

Health Care Provider Verification Please provide the following information pertaining to your practice:

Provider's Name as Health Care Provider	
Type of Practice/Medical Specialty	License Number
Address	Zip Code
Phone	Fax

Endorse the following statement: "I certify that I am the treating health care provider for the above-named patient who is under my professional care. All of this information is true and correct to the best of my knowledge."

Original Signature: _____

Date: _____



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

EE Name:

EMP #:

Health Care Provider Certification Form

Employee or Family Member Medical and/or Serious Health Condition
Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA), Pregnancy Disability Leave (PDL)

Serious Health Condition

A. Hospital Care

Inpatient care in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care. A person is considered an “inpatient” when a health care facility formally admits him or her to the facility with the expectation that he or she will remain at least overnight and occupy a bed, even if it later develops that such person can be discharged or transferred to another facility and does not actually remain overnight.

B. Absence plus Treatment

- a. A period of incapacity of more than three (3) consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:
 - i. Treatment two or more times by a health care provider, by a nurse or physician’s assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or
 - ii. Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider.

C. Pregnancy; any period of incapacity due to pregnancy or for prenatal care

D. Chronic Conditions Requiring Treatment

A chronic condition which:

- a. Requires periodic visits for treatment by a health care provider, or by a nurse or physician’s assistant under direct supervision of a health care provider;
- b. Continues over an extended period of time (including recurring episodes of a single underlying condition); and
- c. May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.)

E. Permanent/Long-term Conditions Requiring Supervision

A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer’s, a severe stroke, or the terminal stages of a disease.

F. Multiple Treatments (Non-Chronic Conditions)

A period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three (3) consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), or kidney disease (dialysis).



LOS ANGELES UNIFIED SCHOOL DISTRICT

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 absence or leave from work. In addition to the leave policies set forth in any applicable collective bargaining agreement, if you are eligible, your absence 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/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 absence qualifies as FMLA/CFRA/PDL leave, you must return a complete and sufficient medical certification and/or Evidence of Relationship (EOR) to your worksite within fifteen (15) calendar days of receiving this notice.

Failure to provide a complete and sufficient medical certification and/or Evidence of Relationship (EOR) may result in the delay or denial of your request for protected absences and/or formal Leave of Absence. Unprotected 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) business 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 worksite's normal call-in and reporting procedures.

4. Make 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 absence or 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 which would entitle you to FMLA/CFRA leave;
 - B. Continuation, recurrence, or onset of a covered service member's serious injury of 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 date of your first absence 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 separation of your employment if you had not taken an FMLA/CFRA/PDL-protected leave will still lead to 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 absence 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 absence is to care for your family member, you are required use any available Kin Care, Personal Necessity, and 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 absence 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 absence 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 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:



LOS ANGELES UNIFIED SCHOOL DISTRICT

Approval Designation 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 is approved based on your first absence date of _____.** All leave (absences) taken for this reason will be designated as follows:

- ☐ FMLA/CFRA entitles you to up to 12 workweeks (up to 26 workweeks for Military Caregiver Leave) of job protected time in a 12-month period measured forward from your first absence date.
- ☐ PDL entitlement is up to 18 workweeks per pregnancy measured forward from your first absence date.
- ☐ PPL entitles you to up to 12 workweeks of job protected time in a 12-month period measured forward from your first absence date and must be completed by your birth child's first birthday or the first anniversary of the date your adopted or foster care child was placed in your home.
 - o Any paid leave for any of the reasons indicated above will count against your protected leave entitlement.

Your current FMLA/CFRA/PPL year is From: _____ **Through:** _____

You previously used: _____ (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: _____

Single Continuous Period of Time:

From: _____ Through: _____

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

_____ Hours per day; _____ Days per week; From _____ Through _____

- ☐ Because the leave you will need will be unscheduled (intermittent), it is not possible to provide the hours, days, or weeks that will be counted against your FMLA/CFRA/PDL entitlement at this time. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).

Time off for Medical Appointments or Treatment:

Frequency: _____ Times per: _____ Week(s) / or _____ Month(s)

Duration: _____ Hour(s) / or _____ Day(s) per episode

CERTIFICATION DURATION: From: _____ Through: _____

Intermittent Leave for Flare-ups related to the specific health condition/qualifying event identified on your certification only:

Frequency: _____ Times per: _____ Week(s) / or _____ Month(s)

Duration: _____ Hour(s) / or _____ Day(s) per episode

CERTIFICATION DURATION: From: _____ Through: _____

FMLA/CFRA/PDL/PPL requires that you comply with usual and customary call-in and reporting procedures at your work site and Collective Bargaining Agreement, specify your time away is FMLA/CFRA/PDL/PPL-related, and notify your site as soon as practicable if dates of scheduled leave change or are extended.

This letter was delivered via:

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

☐ Other:



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.
- ☐ FMLA/CFRA/PDL/PPL does not apply to your leave request. Time off must be for one 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
- ☐ Additional information is required to determine if your FMLA/CFRA/PDL/PPL request can be approved: (**You must provide the requested information listed under "Other" below no later than seven (7) calendar days from the receipt of this notice or provide a reasonable explanation for the delay or your leave may be denied.**)
- ☐ Certification of Qualifying Exigency form and/or supporting documentation provided is not complete and sufficient to determine whether FMLA applies to your leave request.
 - ☐ Evidence of Relationship provided is not complete and sufficient to determine whether FMLA/CFRA/PPL applies to your leave request.
 - ☐ Health Care Provider Certification form provided is not complete and sufficient to determine whether FMLA/CFRA/PDL applies to your leave request.
- ☐ Other: _____

This letter was delivered via:

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

☐ Other:



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.

This letter was delivered via:

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

☐ Other:



LOS ANGELES UNIFIED SCHOOL DISTRICT

Complete and Sufficient Certification 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. A complete and sufficient medical certification and/or Evidence of Relationship has been received to support your leave request; however, a final designation of your protected absence or leave request is pending the first time you are absent or take leave for an FMLA/CFRA/PDL/PPL-qualifying reason.

Please note:

In addition to the leave policies set forth in any applicable collective bargaining agreement, if you are eligible, your absence 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/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.

FMLA/CFRA/PDL/PPL requires that you comply with usual and customary call-in and reporting procedures at your work site and Collective Bargaining Agreement, specify your time away is FMLA/CFRA/PDL/PPL-related, and notify your site as soon as practicable if dates of scheduled leave change, are extended, or were initially unknown.

This letter was delivered via:

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

☐ Other:



LOS ANGELES UNIFIED SCHOOL DISTRICT

Evidence of Relationship (EOR) Information Sheet: Newborn, Adoption, or Foster Care Parental Leave

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 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 and other documents, separately from the employee's personnel files.

School Site/Division

Supervisor/Administrator

Date

Employee Name

Employee #

SECTION II: Guidelines for the EMPLOYEE

INSTRUCTIONS: You are required to submit a timely, complete and sufficient documentation to support requests for protected absences and/or formal Leave of Absence. Submittal of Evidence of Relationship (EOR) is required by LAUSD in order to obtain and/or retain leave protections to bond with a child. **Evidence of Relationship (EOR) should be returned within 15 calendar days of request.** Failure to provide a complete and sufficient documentation may result in the delay or denial of your request for protected absences and/or formal Leave of Absence.

Bonding Form/Certification	Description
Health Care Provider Certification of Birth	An original letter obtained from the birth mother's health care provider or hospital where the birth took place that includes the mother's name and the child's date of birth.
Birth Certificate	A copy of the certificate issued by the city or county office in which the child is born.
Foster care Placement Letter	A copy of the letter of foster care placement issued by the county or city department of social services or authorized voluntary foster care agency. New placement of foster care documentation must indicate the date the child was placed in your custody (home).
Adoption Placement Letter	A copy of the letter of adoption placement issued by the county or city department of social services or authorized adoption agency. New placement of adoption documentation must indicate the date the child was placed in your custody (home).
Court Documents of Adoption	A copy of the court document finalizing adoption or documentation in furtherance or court order finalizing adoption. New placement of adoption documentation must indicate the date the child was placed in your custody (home).

This letter was delivered via:

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

☐ Other:

**LOS ANGELES UNIFIED SCHOOL DISTRICT**

Personnel Commission Classified Employment Services Branch
Human Resources Certificated Assignments & Support Services

EE Name:

EMP #:

Certification of Qualifying Exigency for Military Family Leave
Family and Medical Leave Act (FMLA)**SECTION I: For Completion by the SUPERVISOR**

INSTRUCTIONS: Complete Section I and attach class description 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

If absence is for 20 CONSECUTIVE WORKING DAYS OR LESS, this form will remain at the employee's site.

If absence is for MORE THAN 20 CONSECUTIVE WORKING DAYS, a District formal Leave of Absence is required and this form will be forwarded by the employee to the appropriate personnel office, with a copy retained at the site.

- ☐ Personnel Commission Classified Employment Services Branch, PH: 213.241.6300, PO Box 513307, Los Angeles, CA 90051-1307
- ☐ Human Resources Certificated Assignments & Support Services, PH: 213.241.5100, PO Box 3307 (Dept. S), Los Angeles, CA 90051
- ☐ Human Resources Administrative Assignments Unit, PH: 213.241.6365, PO Box 3307, Los Angeles, CA 90051
- ☐ DACE Personnel Unit, 333 S. Beaudry Ave, PH: 213.241.3150, 15th Floor, Los Angeles, CA 90017

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS: You are required to submit a timely, complete and sufficient certification to support requests for FMLA due to a qualifying exigency. Several questions in this section seek a response as to the frequency and duration of the qualifying exigency. Be as specific as you can; terms such as "unknown," or "indeterminate" are not sufficient to determine FMLA coverage. Submittal of the medical 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 certification may result in the delay or denial of your request for protected absences and/or formal Leave of Absence.

Employee's Full Name

Date

Name of Military Member on Covered Active Duty or Call to Covered Active Duty Status:

Relationship of Military Member to Employee

Military Member on Covered Active Duty Start Date

Military Member on Covered Active Duty End Date

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a military member's covered active service duty call or call to covered active duty service. Please check one of the following and attach the indicated document to support that the military member is on covered active duty call or call to covered active duty status.

- ☐ A copy of the military member's covered active duty orders is attached.
- ☐ Other documentation from the military certifying that the military member is on covered active duty (or has been notified of an impending call to covered active duty) is attached.
- ☐ I have previously provided the District (my Administrator or Designee) with sufficient written documentation confirming the military member's covered active duty or call to covered active duty status.



LOS ANGELES UNIFIED SCHOOL DISTRICT

Personnel Commission Classified Employment Services Branch
Human Resources Certificated Assignments & Support Services

EE Name:

EMP #:

Certification of Qualifying Exigency for Military Family Leave Family and Medical Leave Act (FMLA)

SECTION II: For Completion by the EMPLOYEE, CONTINUED

PART A: QUALIFYING REASON FOR LEAVE

1. Describe the reason you are requesting FMLA leave due to a qualifying exigency:

2. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation which supports the need for leave; such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military; a document confirming the military member's Rest and Recuperation leave; a document confirming an appointment with a third party, such as a counselor or school official, or staff at a care facility; or a copy of a bill for services for the handling of legal or financial affairs.

Available written documentation supporting this request for leave is attached. YES ☐ NO ☐ NONE AVAILABLE ☐

PART B: AMOUNT OF LEAVE NEEDED

1. **Single Continuous Period of Time:** Will you be absent from work for a single continuous period of time due to the qualifying exigency? Yes ☐ No ☐

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

2. **Intermittent Leave:** Will you be absent from work periodically to address this qualifying exigency? Yes ☐ No ☐

If yes, estimate the frequency and duration of each appointment, meeting, or leave event, including travel time (e.g., 1 deployment meeting every 3 months lasting 2 hours):

Frequency: _____ Times per: _____ Week(s) / or _____ Month(s)

Duration: _____ Hour(s) / or _____ Day(s) per episode

Notes: _____

PART C: CONTACT INFORMATION

If leave is requested to meet with a third party (such as to arrange for childcare or parental care, to attend counseling, to attend meetings with school, childcare or parental care providers, to make financial or legal arrangements, to act as the military member's representative before a federal, state, or local agency for purposes of obtaining, arranging or appealing military service benefits, or to attend any event sponsored by the military or military service organizations), a complete and sufficient certification includes the name, address, and appropriate contact information of the individual or entity with whom you are meeting (i.e. either the telephone or fax number or email address of the individual or entity). This information may be used by the District to verify that the information contained on this form is accurate.

Name of Individual: _____ Title: _____
Organization: _____
Address: _____
Telephone: _____ Fax: _____
Email: _____
Describe Nature of Meeting _____

PART D: CERTIFICATION

I certify that the information I provided above is true and correct.

Employee's Signature

Date



LOS ANGELES UNIFIED SCHOOL DISTRICT

Personnel Commission Classified Employment Services Branch
Human Resources Certificated Assignments & Support Services

EE Name:

EMP #:

Certification of Qualifying Exigency for Military Family Leave Family and Medical Leave Act (FMLA)

Qualifying Exigency Categories

The Department has identified nine broad categories of qualifying exigencies. If the military member is on covered active duty, the employee may take FMLA leave for the following qualifying exigencies:

- Issues arising from the military member's **short notice deployment** (i.e., deployment within seven or less days of notice). For a period of up to seven days from the day the military member receives notice of deployment, an employee may take qualifying exigency leave to address **any** issue that arises from the short-notice deployment.
- Attending **military events and related activities**, such as official ceremonies, programs, events and informational briefings, or family support or assistance programs sponsored by the military, military service organizations, or the American Red Cross that are related to the member's deployment.
- Certain **childcare and related activities** arising from the military member's covered active duty, including arranging for alternative childcare, providing childcare on a non-routine, urgent, immediate need basis, enrolling in or transferring a child to a new school or day care facility.

Note: The employee taking FMLA qualifying exigency leave does not need to be related to the military member's child. However, (1) the military member must be the parent, spouse, son or daughter of the employee taking FMLA leave, and (2) the child must be the child of the military member (including a child to whom the military member stands in loco parentis).

- Certain activities arising from the military member's covered active duty related to **care of the military member's parent** who is incapable of self-care, such as arranging for alternative care, providing care on a non-routine, urgent, immediate need basis, admitting or transferring a parent to a new care facility, and attending certain meetings with staff at a care facility, such as meetings with hospice or social service providers.

Note: The employee taking FMLA qualifying exigency leave does not need to be related to the military member's parent. However, (1) the military member must be the parent, spouse, son or daughter of the employee taking FMLA leave, and (2) the parent must be the parent of the military member (including an individual who stood in loco parentis to the military member when the member was a child).

- Making or updating **financial and legal arrangements** to address a military member's absence while on covered active duty, including preparing and executing financial and healthcare powers of attorney, enrolling in the Defense Enrollment Eligibility Reporting System (DEERS), or obtaining military identification cards.
- Attending **counseling** for the employee, the military member, or the child of the military member when the need for that counseling arises from the covered active duty of the military member and is provided by someone other than a health care provider.
- Taking up to 15 calendar days of leave to spend time with a military member who is on short-term, temporary **Rest and Recuperation** leave during deployment. The employee's leave for this reason must be taken while the military member is on Rest and Recuperation leave.
- Certain **post-deployment activities** within 90 days of the end of the military member's covered active duty, including attending arrival ceremonies, reintegration briefings and events, and other official ceremonies or programs sponsored by the military, and addressing issues arising from the death of a military member, including attending the funeral.
- Any other event that the employee and employer agree is a qualifying exigency.