

## Table of Contents

Family and Medical Leave Act (FMLA)/California Family Rights Act (CRFRA) Policy BUL-1205.3 .....	1
Reasonable Accommodation Policy BUL-4569.1 .....	16
Paid Parental Leave Policy BUL-6861.0 .....	28
Lactation Accommodations Policy BUL-6689.0 .....	33
Certification/Request of Absence for Illness, Family Illness, New Child (form 60-ILL) .....	39
Certification/Request of Absence for Non-Illness (form 60-NON-ILL) .....	40
Classified Employee Leave Package – PC 5006 .....	41
Certificated Request for Leave of Absence – HR-1065.....	47
FMLA Tracking Worksheet (form FMLA-6).....	51
Personnel Commission Rule 803 .....	52
UTLA Collective Bargaining Agreement: Article XII, Section 10 .....	55
AALA Collective Bargaining Agreement: Article XI, Section 7 .....	56
Unit A (School Police) Collective Bargaining Agreement: Article XII, Section 9 .....	57
Unit B (Instructional Aides) Collective Bargaining Agreement: Article XII, Section 9.....	58
Unit C (Operations – Support Services) Collective Bargaining Agreement: Article XIII, Section 9 .....	59
Unit D (Office-Technical and Business Services) Collective Bargaining Agreement: Article XI, Section 9 .....	60
Unit E (Skilled Crafts) Collective Bargaining Agreement: Article XII, Section 9 .....	61
Unit F (Teacher Assistants) Collective Bargaining Agreement: Article XIII, Section 5 .....	62
Unit H (Sergeants and Lieutenants) Collective Bargaining Agreement: Article XIII, Section 9.....	63
Unit J (Classified Managers) Collective Bargaining Agreement: Article XIII, Section 9 .....	64
Unit S (Classified Supervisors) Collective Bargaining Agreement: Article XIII, Section 9 .....	65



# LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

**TITLE:** Family and Medical Leave Act/California Family Rights Act Policy

**NUMBER:** BUL-1205.3

**ISSUER:** David Holmquist, General Counsel  
Office of the General Counsel

**DATE:** October 5, 2015

## ROUTING

All Employees  
All Locations

**POLICY:** The District is committed to continued compliance with the federal Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA). FMLA and CFRA require that employers provide to an eligible employee a maximum of twelve (12) work weeks of protected leave per FMLA year for the employee's own serious health condition; the serious health condition of a covered family member; to bond with the employee's child after the child's birth; placement with the employee of a child through adoption or foster care; or military exigency leave for a covered service member. An eligible employee is entitled to take up to 26 work weeks of protected leave per FMLA year to care for a covered military service member with a serious illness or injury sustained while on active military duty.

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

## MAJOR CHANGES:

This bulletin replaces BUL-1205.2, of the same title, dated September 11, 2015. The content has been revised to reflect changes in the California Family Rights Act that were made to more closely align with FMLA. Major changes include:

1. Employer must notify employee of the consequence of failure to provide adequate certification at the time certification is requested.
2. Employer can request recertification upon the employee's request for additional time either in the duration of the condition or the amount of leave needed.

**PURPOSE:** The purpose of this bulletin is to outline administrative procedures for responding to employee requests for FMLA/CFRA leave and to inform employees of their rights and responsibilities for taking FMLA/CFRA leave.

**DEFINITIONS:** **Family Member** – An employee's parent, spouse/domestic partner, child (under 18 years), or child 18 years or older who is incapable of self-care because of a mental or physical disability within the meaning of Government Code section 1296(j) and (l). For military caregiver leave, next of kin is also considered a family member (FMLA only).

**FMLA/CFRA leave** – An absence of any length of time that qualifies for FMLA/CFRA protections.

**Health Care Provider** – A licensed physician, surgeon, osteopathic physician or surgeon, podiatrist, dentist, clinical psychologist, optometrist, chiropractor (limited



## LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

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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.

**Serious Health Condition** – An illness, injury (including, but not limited to, on-the-job injuries), impairment or physical or mental condition that involves inpatient care or continuing treatment by a health care provider.

**Site Administrator** – The employee’s immediate supervisor or the immediate supervisor’s designee.

### **I. Eligibility**

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

#### **GUIDELINES:**

- A. Have been employed with the District for at least 12 months (52 weeks) at any time prior to a break in service of seven (7) or more years, except for a break in service caused by a military service obligation.
- 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.

### **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”). Leave must be completed prior to the child’s 1<sup>st</sup> 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.

Under FMLA, an employee’s pregnancy related conditions fall under a Serious Health Condition entitling the employee to FMLA leave. FMLA leave will run concurrently with leave under California’s Pregnancy Disability Leave Act (PDL). Pregnancy related leaves, however, do not exhaust CFRA leave entitlement because an employee is entitled to up to four months of protected time for pregnancy related conditions under PDL. Under California law, an employee eligible under CFRA and PDL may be provided leave up to 12 weeks plus 4 months.

- D. To care for the Serious Health Condition of a Family Member. (See Definitions.)



## LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

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- E. Any qualifying exigency arising out of the employee's Family Member'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).
- F. To care for the employee's Family Member 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 sustained while on active military duty in the Armed Forces (FMLA only for next of kin).

### **III. Health Care Provider Certification**

Employees who request FMLA/CFRA leave for their own or a Family Member's Serious Health Condition must submit a "Certification of Health Care Provider" form (Form FMLA-1) within 15 calendar days of the request. The form must be complete and sufficient in order for FMLA/CFRA to be approved.

If the Certification of Health Care Provider form 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 requests certification 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 Leave**

- A. An employee may take up to 12 weeks 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 26 weeks 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 weeks in a 12-month period. For example, if an employee takes 12 weeks of FMLA leave for his/her own serious health condition and subsequently requires leave as a military caregiver, the employee is only entitled to 14 additional weeks of FMLA leave.

### **VI. Site Administrator Responsibilities**

The Site Administrator has the following responsibilities:

#### **A. Identify a Potential FMLA/CFRA absence**

It is not the employee's responsibility to request FMLA/CFRA. FMLA/CFRA regulations require that the Site Administrator identify an employee's need for FMLA/CFRA protections. An employee **may** be eligible for FMLA/CFRA protections in the event of:



## LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

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1. Incapacity of more than 3 consecutive calendar days.
2. Intermittent absences for treatment or therapy.
3. Intermittent absences for “flare-ups” of a chronic medical condition.
4. Long-term disability (i.e., illness leave).
5. Employee’s condition requires inpatient care in a hospital, hospice, or residential medical care facility.

### **B. Check Eligibility**

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

If the employee is eligible, the Site Administrator shall give the employee the Notice of Eligibility and Employee Rights & Responsibilities (Form FMLA-2). Verbal notice is not sufficient.

If the employee does not meet the eligibility requirements, the Site Administrator shall give the employee the FMLA/CFRA Designation – Not Approved notice (Form FMLA-4).

### **C. Request Health Care Provider Certification**

If an employee has a qualifying FMLA/CFRA absence and is eligible for FMLA/CFRA protections, the Site Administrator shall request certification from the employee, unless already provided. If certification has not been provided at the time the employee notifies the Site Administrator of the need for absence, the Site Administrator shall also give the employee the Certification of Health Care Provider. (See the “Health Care Provider Certification” section of this bulletin for more information.)

### **D. Designating an Absence**

Once the Site Administrator has reviewed the Health Care Provider Certification and determined the absence is being taken for a FMLA/CFRA qualifying reason, an FMLA/CFRA Designation – Approved (Form FMLA-3) notice shall be given to the employee.

If the certification form is not received, is incomplete, or is not for an FMLA/CFRA qualifying reason, an FMLA/CFRA Designation – Not Approved (Form FMLA-4) notice shall be given to the employee.

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 Site Administrator shall track the amount of FMLA/CFRA time used to ensure the employee does not exceed the amount of time allowed by the Health Care Provider Certification or the maximum days allowed in an FMLA Year.



## LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

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### **F. Maintain Documentation**

All certifications, re-certifications, and medical histories of employees or their Family Members are subject to the protections under the Health Insurance Portability and Accountability Act (HIPAA) as well as the Genetic Information Non-Discrimination Act (GINA).

All FMLA/CFRA documentation relating to the employee or employee's Family Member 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.

### **VII. Employee Rights**

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

- A. Paid or unpaid FMLA/CFRA leave will not constitute a break in service for purposes of establishing longevity or seniority, or for layoff, recall, promotion, job assignment, or seniority-related benefits. Unpaid FMLA/CFRA 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 leave under the same conditions as if the employee had continued to work. Should an employee go into unpaid status while on FMLA/CFRA leave, the District will continue to pay its portion of the health benefits premiums. Employees who are required to 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 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 entitlement, the employee does not have return rights under FMLA/CFRA. However, the employee may have rights under their respective Collective Bargaining Agreement.

### **VIII. Employee Responsibilities**

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

- A. Provide Site Administrator with 30 days advance notice of the need to take FMLA/CFRA leave when the need 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.



## LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

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- D. Make a reasonable effort to schedule treatment so as not to disrupt operations.
- E. Employees who are required to 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).
- F. If the employee does not return to work following FMLA/CFRA 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, the employee may be required to reimburse the District for health insurance premiums paid on behalf of the employee during their FMLA/CFRA leave.

### **IX. Compensation**

FMLA/CFRA 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 illness, half-pay illness or vacation time.

If the FMLA/CFRA absence is to care for the employee's Family Member, employee is required to use any available Kin Care, Personal Necessity, or 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.

### **X. Non-Retaliation and Protection from Interference with FMLA/CFRA Rights**

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



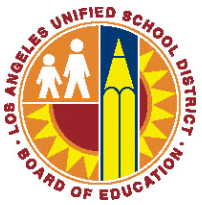


## LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

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- RELATED RESOURCES:** Los Angeles Unified School District FMLA/CFRA website:  
<http://fmla.lausd.net>
- Collective Bargaining Agreements, located on the LAUSD “Staff Relations” website:  
From the LAUSD homepage go to “Offices” then “Staff Relations” then “Labor Relations”
- Personnel Commission Rules:  
From the LAUSD homepage go to “Offices” then “Personnel Commission”
- United States Department of Labor, FMLA Regulations:  
<http://www.dol.gov/dol/topic/benefits-leave/fmla.htm>
- California Fair Employment and Housing Commission, CFRA Regulations  
<http://www.dfeh.ca.gov/FEHCouncil.htm>
- California Fair Employment and Housing Commission, California Pregnancy Disability Leave Act:  
[http://www.dfeh.ca.gov/Publications\\_StatLaws\\_PregDiscr.htm](http://www.dfeh.ca.gov/Publications_StatLaws_PregDiscr.htm)
- California Employment Development Department, California Paid Family Leave: [http://www.edd.ca.gov/Disability/FAQs for Paid Family Leave.htm](http://www.edd.ca.gov/Disability/FAQs_for_Paid_Family_Leave.htm)
- 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. Certification of Health Care Provider Form for Employee or Family Member’s Serious Health Condition (Form FMLA-1)
  2. Notice of Eligibility and Employee Rights & Responsibilities (Form FMLA-2)
  3. FMLA/CFRA Designation - Approved (Form FMLA-3)
  4. FMLA/CFRA Designation – Not Approved (Form FMLA-4)





**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
Family and Medical Leave Act (FMLA)/California Family Rights Act (CFRA)  
Pregnancy Disability Leave (PDL)

**Health Care Provider Certification**  
**Employee or Family Member Serious Health Condition**

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**SECTION I: For Completion by the SUPERVISOR**

Please read and complete Section I before providing this form to your employee.

The Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA) and Pregnancy Disability Leave (PDL) state that an employer has the authority to require an employee to submit a medical certification issued by the employee's health care provider, if the employee is seeking a qualifying protected leave. 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.

- a) School Site/Division: \_\_\_\_\_
- b) Supervisor/Administrator: \_\_\_\_\_ Date: \_\_\_\_\_
- c) Employee Name: \_\_\_\_\_ Employee #: \_\_\_\_\_
- d) Employee's Job Title: \_\_\_\_\_
- e) Regular Work Schedule: \_\_\_\_\_
- f) Employee's Essential Job Functions: \_\_\_\_\_

☐ Check if job description is attached.

**SECTION II: For Completion by the EMPLOYEE**

Please read and complete Section II before presenting this form to your medical provider.

FMLA, CFRA, and PDL state that an employer has the authority to require an employee to submit a timely, complete and sufficient medical certification to support a request for FMLA, CFRA, or PDL leave. Submittal of the medical certification is required by LAUSD in order to obtain and/or retain leave protections. Failure to provide a complete and sufficient medical certification may result in the denial of a request for protected leave. Employees have at least 15 calendar days to return this form.

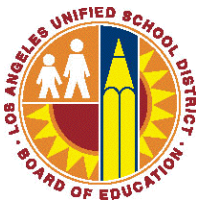
The Genetic Information Nondiscrimination Act of 2008, Title II (GINA) prohibits employers and other entities covered by GINA, from requesting genetic information of an individual or family member, except as specifically allowed by this law. To comply with GINA, do not provide any genetic information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

Employee's full name: \_\_\_\_\_

Patient's name if other than employee: \_\_\_\_\_

Patient's relationship to employee: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
**Family and Medical Leave Act (FMLA)/California Family Rights Act (CFRA)**  
**Pregnancy Disability Leave (PDL)**

**SECTION III: For Completion by the HEALTH CARE PROVIDER**

Please complete Section III and sign Page 3 of this document.

Please provide complete answers to all applicable questions below. 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 “lifetime,” “unknown” or “indeterminate” may not be sufficient to grant leave protections. Limit your responses to address only the condition for which the employee is seeking a protected leave.

**PART A: MEDICAL FACTS**

1. Approximate date condition commenced: \_\_\_\_\_

Probable duration of condition or need for treatment: \_\_\_\_\_

2. Check 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

If yes, provide date(s) of admission: \_\_\_\_\_

\_\_\_\_\_ B. Serious incapacity of more than 3 consecutive calendar days + 2 treatments

\_\_\_\_\_ C. Incapacity causing absence due to pregnancy or pre-natal care

If yes, 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

3. Use the information provided by the Supervisor in Section I to answer this question. If the employer fails to provide a list of the employee’s essential functions or a job description, answer these questions based upon the employee’s own description of his/ her job functions.

If certification is for the serious health condition of the employee, please answer the following:

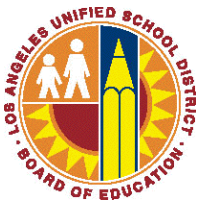
A. Is the employee unable to perform any of his/her job functions due to the condition? Yes ☐ No ☐

If yes, identify the job functions the employee is unable to perform:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 for basic medical hygiene, nutritional needs, safety, transportation, psychological comfort and/or arranging for third-party care for the family member? Yes ☐ No ☐



**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
**Family and Medical Leave Act (FMLA)/California Family Rights Act (CFRA)**  
**Pregnancy Disability Leave (PDL)**

**PART B: AMOUNT OF LEAVE NEEDED**

1. **Single Continuous Period of Time:** Is it medically necessary for the employee to be off work due to 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 \_\_\_\_\_.

2. **Reduced Schedule Leave:** Is it medically necessary for the employee to work less than the employee's normal work schedule due to serious health condition of the employee or family member?

Yes ☐ No ☐

If yes, indicate the part-time or reduced work schedule the employee needs:

\_\_\_\_\_ Hours per day; \_\_\_\_\_ Days per week; from \_\_\_\_\_ through \_\_\_\_\_

NOTES: \_\_\_\_\_

3. **Time Off for Medical Appointments or Treatment:** Is it medically necessary for the employee to take time off work for doctor's visits or medical treatment? Yes ☐ No ☐

If yes, estimate treatment frequency and treatment duration (including recovery period)

Frequency: \_\_\_\_\_ times per \_\_\_\_\_ week(s) or \_\_\_\_\_ month(s)

Duration: \_\_\_\_\_ hour(s) or \_\_\_\_\_ day(s) per appointment/treatment

NOTES: \_\_\_\_\_

4. **Intermittent Leave:** Is it medically necessary for the employee to be off 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 need (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

NOTES: \_\_\_\_\_

**Health Care Provider Verification**

Please provide the following information pertaining to your practice:

Your Name \_\_\_\_\_

Your Name as Health Care Provider \_\_\_\_\_ Degree \_\_\_\_\_

Specialty/Type of Practice \_\_\_\_\_ License No. \_\_\_\_\_

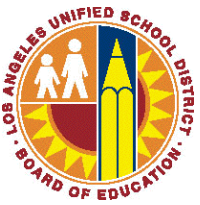
Type of License \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

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 (no stamp): \_\_\_\_\_ Date: \_\_\_\_\_



**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
**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**  
Family and Medical Leave Act (FMLA)/California Family Rights Act (CFRA)

**DATE:** \_\_\_\_\_

**TO:** \_\_\_\_\_

**EMPLOYEE ID #** \_\_\_\_\_

**FROM:** \_\_\_\_\_

**SUBJECT: FAMILY AND MEDICAL LEAVE ACT/CALIFORNIA FAMILY RIGHTS ACT  
(FMLA/CFRA) – NOTICE OF ELIGIBILITY AND EMPLOYEE RIGHTS &  
RESPONSIBILITIES**

**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 appears to qualify for protection under the federal Family and Medical Leave Act (“FMLA”) and/or the California Family Rights Act (“CFRA”).

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) in the twelve (12) months preceding the leave.

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

For us to determine whether your absence qualifies as FMLA/CFRA leave, you must return a health care provider certification form to your worksite within fifteen (15) calendar days of receiving this notice. The certification form must contain sufficient information to support your request for FMLA/CFRA leave.

**If required information is not provided in a timely manner, your leave may not be protected by FMLA/CFRA. 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 an FMLA/CFRA protected leave and count towards your FMLA/CFRA leave entitlement.

**Employee Responsibilities**

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

1. Provide 30 days advance notice of the need to take FMLA/CFRA 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. If you do not return to work following FMLA/CFRA leave for a reason other than: A) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA/CFRA leave; B) the 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, you may be required to reimburse the District for health insurance premiums paid on your behalf while on FMLA/CFRA leave.



**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
Family and Medical Leave Act (FMLA)/California Family Rights Act (CFRA)

**Employee Rights**

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

1. You have a right under FMLA/CFRA for up to twelve (12) weeks 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 FMLA for up to twenty-six (26) weeks of unpaid leave in a single 12-month period to care for a covered military service member with a serious injury or illness. 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) weeks 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.
3. Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
4. 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- protected leave. However, a layoff that would have led to separation of your employment if you had not taken an FMLA/CFRA protected leave will still lead to separation of your employment. (If your leave extends beyond the end of your FMLA/CFRA entitlement, you do not have return rights under FMLA/CFRA. However, you may have rights under your Collective Bargaining Agreement.)
5. If you do not meet the requirements for taking a paid leave, you may take an unpaid FMLA/CFRA protected leave.
6. If your FMLA/CFRA absence is for your own Serious Health Condition, you may use any available full- pay illness, half-pay illness or vacation time.
7. If your FMLA/CFRA absence is to care for your Family Member, you may use any available Kin Care, Personal Necessity, or vacation time. All other time is unpaid. If you are receiving benefits under California Paid Family Leave program, however, you are not permitted to use vacation benefits.

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



**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
Family and Medical Leave Act (FMLA)/California Family Rights Act (CFRA)

**DATE:** \_\_\_\_\_

**TO:** \_\_\_\_\_

**EMPLOYEE ID #** \_\_\_\_\_

**FROM:** \_\_\_\_\_

**SUBJECT: DESIGNATION NOTICE – FMLA/CFRA APPROVED**

**RE: YOUR ABSENCE STARTING** \_\_\_\_\_ **through** \_\_\_\_\_

We have reviewed your request for leave under FMLA/CFRA and any supporting documentation that you have provided. As you may know, some absences that are health-related might be protected under the federal Family and Medical Leave Act (FMLA) and/or the California Family Rights Act (CFRA).

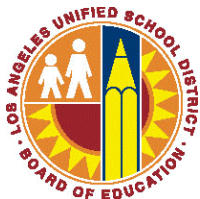
**Your FMLA/CFRA protected leave request is approved.**

**FMLA/CFRA requires that you notify us as soon as practicable if dates of scheduled leave change, are extended, or were initially unknown. 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, the following number of hours, days, or weeks will be counted against your FMLA/CFRA leave entitlement: \_\_\_\_\_

Because the leave you will need will be unscheduled, it is not possible to provide the hours, days, or weeks that will be counted against your FMLA/CFRA 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).





**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
Family and Medical Leave Act (FMLA)/California Family Rights Act (CFRA)

**DATE:** \_\_\_\_\_

**TO:** \_\_\_\_\_

**EMPLOYEE ID #** \_\_\_\_\_

**FROM:** \_\_\_\_\_

**SUBJECT: DESIGNATION NOTICE – FMLA/CFRA NOT APPROVED**

**YOUR ABSENCE IS NOT DESIGNATED AS FMLA/CFRA**

We have reviewed your request for leave under the FMLA/CFRA and any supporting documentation you have provided.

**We do not approve your FMLA/CFRA protected leave request for the following reason(s):**

You did not meet the eligibility requirements of working 130 days (or 1,250 hours for Units A, E, G) in the past 12 months; and being employed by the district for at least 12 months during the past seven (7) years.

You have exhausted your FMLA/CFRA leave entitlement in your current FMLA Year.

You either did not return the required Health Care Provider certification form in the 15 calendar days of receiving it, or provide a reasonable explanation for the delay. (Specific dates not approved are listed under "Other" below).

FMLA/CFRA does not apply to your leave request. Time off must be taken 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; a serious health condition that requires your participation and/or care of your parent, child (under 18 years of age), spouse/domestic partner; military exigency leave (FMLA); or military caregiver leave (FMLA).

Additional information is needed to determine if your FMLA/CFRA protected leave request can be approved:

The Health Care Provider Certification you have provided is not complete and sufficient to determine whether the FMLA/CFRA applies to your leave request and/or how much absence time is required for your serious health condition. You must provide the requested information (listed below) no later than seven (7) calendar days from receipt of this notice or provide a reasonable explanation for the delay or your leave may be denied.

Other



## LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

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**TITLE:** Reasonable Accommodation for Individuals with Disabilities

**NUMBER:** BUL-4569.1

**ISSUER:** Enrique Boull't, Chief Operating Officer  
Office of the Chief Operating Officer

David Holmquist, General Counsel  
Office of General Counsel

**DATE:** June 9, 2014

### ROUTING

All Employees  
All Locations

**POLICY:** The District is committed to providing equal employment and educational opportunities for individuals with disabilities and does not discriminate on the basis of a disability in its employment, programs or activities.

**MAJOR CHANGES:** This Bulletin replaces BUL-4569.0, dated November 24, 2008. This Bulletin reflects current state and federal requirements, provides guidance and current procedures for responding to employee/applicant requests for reasonable accommodation, and contains updated information regarding the related resources.

**BACKGROUND:** Federal and state laws and District policy provide that no individual shall be denied the right and opportunity to seek, obtain and hold employment, or be subjected to discrimination by reason of a disability. This is in accordance with Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act Amendments Act (ADAAA), Fair Employment and Housing Act (FEHA), and applicable state laws.

An employee may have separate rights to protected leave under the Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA), LAUSD policies, and/or bargaining unit agreements.

**GUIDELINES:** The reasonable accommodation process requires the cooperation of all involved to ensure that individuals with a disability are provided the accommodation necessary to perform the essential functions of their job and receive the benefits and privileges of employment. Federal and state statutes mandate that the employer engage the employee/applicant in an interactive process to determine effective reasonable accommodation any time the employee/applicant requests a reasonable accommodation, or if the



## LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

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disability is known and the employer becomes aware of a potential need for accommodation.

### **INTERACTIVE PROCESS:**

A timely and good faith discussion, preferably in person, between an employee/applicant requesting an accommodation and the site administrator/designee in order to determine an effective accommodation. A timely, good faith interactive process is mandated by state and federal law and must occur whether or not the interactive process would result in an obligation to provide a reasonable accommodation.

### **REASONABLE ACCOMMODATION PROCESS:**

The reasonable accommodation process shall begin as soon as the employee/applicant makes a request for accommodation to the site administrator/designee or the Reasonable Accommodation Program.

Pursuant to relevant regulations, the request does not need to be in writing, nor does the employee/applicant have to use special words such as “reasonable accommodation” or “disability.” A verbal request should be documented in writing by the employee/applicant or site administrator/designee. The site administrator/designee shall provide assistance to any employee/applicant who, because of a disability, cannot complete a written request. Alternately, the site administrator/designee may refer the individual to the Reasonable Accommodation Program for assistance in completing a written request.

Even in the absence of a verbal or written request, if the disability is known and the need for accommodation to perform the essential job functions is obvious or apparent, the site administrator/designee shall ask the individual with a disability if he/she perceives a need for accommodation. This must be done promptly and carefully in order to avoid an improper inquiry about an employee's/applicant's possible disability. The site administrator/designee shall consult with the Reasonable Accommodation Program staff if there are any questions regarding the propriety of an inquiry.

The site administrator/designee is expected to evaluate and implement accommodations that are reasonable and necessary. In general, the process for identifying a reasonable accommodation is as follows:

- The site administrator/designee shall acknowledge and meet with the employee/applicant within a reasonable period of time upon the request for accommodation being made.
- The site administrator/designee shall review and consider the particular job position involved and determine its purpose and actual



## LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

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essential job functions, including but not limited to, a review of the job duties, responsibilities, and class description in comparison to the individual's medical restrictions.

- The site administrator/designee shall engage in the interactive process by meeting with the employee/applicant to determine his/her specific physical or mental abilities and limitations as they relate to essential job functions, identify the barriers to job performance, and assess how these barriers could be overcome with reasonable accommodation. Medical confidentiality must be maintained at all times during the interactive process.

Unless the disability and the need for accommodation are obvious (for example, the employee/applicant is in a wheelchair and requests accessibility), the employee/applicant shall provide medical documentation to support his/her request for reasonable accommodation.

Reasonable medical documentation confirms the existence of the disability and the need for reasonable accommodation. Where necessary to advance the interactive process, reasonable medical documentation may include a description of physical or mental limitations that affect a major life activity that must be met to accommodate the employee. Disclosure of the nature of the disability is not required.

The District has the right to request additional medical information if the information submitted by the employee/applicant does not clearly explain the need for reasonable accommodation or does not explain how the requested accommodation will assist the employee/applicant in the performance of the essential functions.

The request for additional medical information must be specific to the disability for which the employee/applicant is requesting a reasonable accommodation and the functional limitations caused by the disability. The medical documentation should include information that the employee or applicant has a physical or mental condition that limits a major life activity or a medical condition, and a description of why the employee or applicant needs a reasonable accommodation to have an equal opportunity: to participate in the application process and to be considered for the job, or to perform the employee's job duties, or to enjoy equal benefits and privileges of employment compared to non-disabled employees.

In consultation with the individual, the site administrator/designee shall identify any potential accommodations and assess how effective each would



## LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

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be in enabling the individual to perform essential job functions and enjoy the benefits and privileges of employment. The Reasonable Accommodation Program is available to provide assistance to all participants in the interactive process as well as throughout the reasonable accommodation process.

If there are several effective accommodations that would provide an equal employment opportunity, the site administrator/designee shall consider the preference of the individual with a disability and select the accommodation that best serves the needs of the individual and local site. The accommodation need not be the most expensive or exactly what the employee/applicant requested, but the accommodation must be effective. If the interactive process does not identify an appropriate accommodation, technical assistance is available from the Reasonable Accommodation Program.

The site administrator/designee shall document the results of the interactive process.

If a reasonable accommodation cannot be made at the local site for any reason, the site administrator/designee shall inform the employee/applicant of the formal reasonable accommodation process.

An employee/applicant may request an application for reasonable accommodations from his/her site administrator/designee, online at <http://reasonableaccommodation.lausd.net>, via email by sending a request to [disabilitymanagement@lausd.net](mailto:disabilitymanagement@lausd.net), or by calling (213) 241-1319.

### **FORMAL PROCESS:**

Upon receipt of the application materials from the employee/applicant or supervisor, the Reasonable Accommodation Program will issue the employee/applicant a written acknowledgement of the receipt of the application for reasonable accommodation.

If the information submitted by the employee/applicant is insufficient, the disability coordinator may make a referral to the district medical director. The District reserves the right to obtain additional medical information, including an independent medical examination of the employee/applicant, which is job-related and consistent with business necessity as allowed under the law.

In addition, the disability coordinator may convene a Reasonable Accommodation Committee. The Reasonable Accommodation Committee shall be comprised of certificated and classified District employees who



## LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

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convene to consider requests for reasonable accommodation where an accommodation cannot be made at the local work site. The employee/applicant requesting an accommodation shall participate in person or by telephone to address the Committee and may provide additional material and documents relevant to his/her accommodation request. The site administrator may also be invited to address the Committee where appropriate.

Employees who are referred to the Reasonable Accommodation Program by Employee Health Services may be required to meet with the Medical Director for further review prior to being allowed to return to work.

Those individuals who are seeking reemployment and are referred to the Reasonable Accommodation Program may need to be evaluated by the District Medical Director following the determination of the Reasonable Accommodation Committee.

### **APPEAL PROCESS:**

An employee/applicant who disagrees with the Reasonable Accommodation Committee's decision may file a written appeal using Attachment B, "Appeal of Reasonable Accommodation Decision," with the District's Educational Equity Compliance Office no later than thirty (30) calendar days of the date of receipt of the Reasonable Accommodation Committee decision letter.

A Reasonable Accommodation Appeal Committee comprised of District employees will be convened to reconsider the decision of the Reasonable Accommodation Committee. These Committee members shall not be selected from the Reasonable Accommodation Committee that previously considered the accommodation request.

The Committee will meet within forty-five (45) calendar days of receipt of the request for appeal. The employee/applicant requesting an appeal shall participate in person or by telephone to personally address the Committee, and may provide additional materials and documents relative to the appeal. The site administrator/designee may also be invited to address the Reasonable Accommodation Appeal Committee when appropriate. These appeal procedures have been developed to ensure that the District complies with state and federal laws and implementing regulations.

Employees with accommodations approved by either the Reasonable Accommodation Committee or Reasonable Accommodation Appeal Committee who later transfer to a new location or site have the responsibility to notify their new supervisor of their approved



## LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

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accommodation. Additionally, the employee is responsible for notifying the Reasonable Accommodation Program at (213) 241-1319. This will facilitate coordination and implementation of the approved accommodations at the new location, if necessary.

### **NON-RETALIATION PROTECTIONS:**

The District prohibits retaliation against an employee/applicant who makes a request for reasonable accommodation, files an appeal of a reasonable accommodation decision, or participates in the reasonable accommodation process.

### **ACCOMMODATIONS OFFSITE:**

Accommodations that are provided at an employee's usual worksite may need to be provided for off-site meetings/trainings or when working outside their usual place of work. The meeting/training organizer must ensure that District sponsored events are located at facilities that are accessible to employees with disabilities. When the facility is not able to provide a necessary accommodation, it is the responsibility of the meeting/training organizer or supervisor to arrange that accommodation.

The Reasonable Accommodation Program staff is available to provide assistance in arranging for accommodations. In order to provide timely assistance the Reasonable Accommodation Program should be given adequate advance notice of the need for an accommodation.

### **NOTIFICATION POSTING:**

The District's 3-part employer poster, which includes the required Department of Fair Employment and Housing notice, "California Law Prohibits Workplace Discrimination and Harassment," and the required Equal Employment Opportunity Commission notice, "Equal Employment Opportunity is the law," shall be displayed in a prominent location.

### **AUTHORITY:**

This is the policy of the District Superintendent of Schools. The following legal standards are applied to this policy:

- Americans with Disabilities Act Amendments Act
- Fair Employment and Housing Act
- Section 504 of the Rehabilitation Act of 1973

### **RELATED RESOURCES:**

- Enforcement Guidance, Equal Employment Opportunity Commission: [www.eeoc.gov/policy/guidance](http://www.eeoc.gov/policy/guidance)
- Live Animal including Guide Dog/Service Animals and Training Dogs/Service Animals, in the Classroom, at school events and at District-sponsored activities, Los Angeles Unified School District Policy BUL-3304





## LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

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- Nondiscrimination Required Notices, memorandum issued annually by the Office of the General Counsel
- Stay at Work Policy, Los Angeles Unified School District, available at <http://stayatwork.lausd.net>

### **ASSISTANCE:**

Reasonable Accommodation Program (213) 241-1319

TTY: (213) 241-6882

Email: [disabilitymanagement@lausd.net](mailto:disabilitymanagement@lausd.net)

Website: <http://reasonableaccommodation.lausd.net>

Educational Equity Compliance (213) 241-7682

Reasonable Accommodation Appeals

Equal Opportunity Section (213) 241-7685

Employment Disability Discrimination Complaints

FMLA/Absence Management (213) 241-3954

### **ATTACHMENTS:**

1. Attachment A, Record of Interactive Process
2. Attachment B, Reasonable Accommodation Application
3. Attachment C, Appeal of Reasonable Accommodation Committee Decision

**LOS ANGELES UNIFIED SCHOOL DISTRICT  
RECORD OF INTERACTIVE PROCESS**

**ATTACHMENT A**

Directions: To be completed by site administrator/supervisor in discussion with employee/applicant. Please review the class description/job analysis if available together with the employee/applicant and answer the questions below. Refer to this Bulletin or the Reasonable Accommodation Program for guidance on conducting the interactive process.

<b>Section I – Employee/Applicant Information</b>		
Employee/Applicant Name	Employee Number	
Job Title	Worksite	Work Number
Does the employee have a previous reasonable accommodation request on file? <input type="checkbox"/> No <input type="checkbox"/> Yes, date: _____		

<b>Section II – Documentation of Interactive Process (attach additional sheet(s) if necessary)</b>
a) Date(s) of meeting with employee/applicant (in person):
b) What symptoms or limitations affect the employee's performance of the essential job functions?
c) What specific job tasks are problematic as a result of these symptoms and limitations?
d) Possible accommodation(s) identified? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain.

<b>Section III – Outcome of Interactive Process</b>
Were informal accommodation made at the school site/office? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:

<b>Section IV – Certification</b>		
Print Name of Site Administrator/Supervisor	Date	Phone Number
Signature of Site Administrator/Supervisor	Email Address	

**Mail, fax or email form to:**

Disability Coordinator, Division of Risk Management and Insurance Services  
333 S. Beaudry Avenue, 28<sup>th</sup> Floor, Los Angeles, CA 90017  
FAX: (213) 241-6778  
EMAIL: disabilitymanagement@lausd.net  
Please keep a copy for your records.

**LOS ANGELES UNIFIED SCHOOL DISTRICT  
REASONABLE ACCOMMODATION APPLICATION**

**ATTACHMENT B**

Directions: To be completed by the employee/applicant. Refer to Bulletin 4569.0 or the Reasonable Accommodation Program for guidance.

<b>Section I – Employee/Applicant Information</b>			
Employee/Applicant Name		Employee Number	
Home Address		Home Phone Number	
City	State	Zip Code	Work Number
Job Title	Worksite		Alternate Number
Do you have a previous request on file?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Section II – Request for Accommodations</b>
a) Describe your medical condition. Attach any pertinent medical note/report from your physician. <i>The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. In order to comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information.</i>
b) Describe the job functions you are unable to perform due to your medical condition.
c) Describe the specific accommodations you are seeking to facilitate the performance of the essential job functions. Include alternate accommodations.

**LOS ANGELES UNIFIED SCHOOL DISTRICT  
REASONABLE ACCOMMODATION APPLICATION**

**ATTACHMENT B**

**Section III – Outcome of Interactive Process**

Explain the results of your discussion with your site administrator/supervisor.

**Section IV – Certification**

I certify that all information contained in this application is true and correct. I understand that if I am granted an exemption and/or accommodation and it is subsequently determined that the decision was based upon material misrepresentation or falsification, I am subject to disciplinary action by the District, my request will be cancelled, and/or I will be subject to reimbursing the District for related costs.

I further understand that this application, attachments, and all medical information subsequently requested will be considered as confidential medical information and will be retained by the Los Angeles Unified School District except where released by the applicant for other use.

Print Name of Employee/Applicant

Date

Signature of Employee/Applicant

Phone Number

Email Address

**Mail fax or email (1) Attachment A - Interactive Process, (2) this form (Attachment B), and (3) Medical documentation to:**

Disability Coordinator  
Division of Risk Management and Insurance Services  
333 S. Beaudry Avenue, 28<sup>th</sup> Floor  
Los Angeles, CA 90017

FAX (213) 241 – 6778  
EMAIL [disabilitymanagement@lausd.net](mailto:disabilitymanagement@lausd.net)

Please keep a copy for your records.

## **APPEAL OF REASONABLE ACCOMMODATION COMMITTEE DECISION**

Section I – Employee/Applicant Information			
Employee/Applicant Name			Employee Number
Home Address			Apt#
City	State	Zip Code	
Home Phone Number	Work Number	Alternate Number	
If an employee, please complete the following employment information:			
School/Section/Office		Educational Service Center	
School/Section/Office Telephone Number		Supervisor's Name	
Class/Position		Status	

Section II – Accommodations(s) Requested
State accommodation(s) originally requested and denied by the Reasonable Accommodation Committee:

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Please attach additional pages if more space is needed.

**Section III – Alternative/Additional Suggestions for Accommodation**

List any alternative suggestions for an accommodation, which, if granted, would enable you to perform the essential duties of your job:

Please attach additional pages if more space is needed.

**Section IV –Certification**

I certify that all information in this request is true and correct.

Print Name of Employee/Applicant

Date

Signature of Employee/Applicant

Email Address

Initial here if you wish to personally address the committee who will consider your appeal: \_\_\_\_\_

Please forward this appeal form, along with any letters, statements, reports, or other documents which you feel are relevant to your requested accommodation(s) and appeal to:

Education Equity Compliance Office  
Los Angeles Unified School District  
333 S. Beaudry Avenue, 20<sup>th</sup> Floor  
Los Angeles, CA 90017

Telephone: (213) 241-7682 / Fax: (213) 241-3312

This form should be submitted to the Educational Equity Compliance Office within 30 (thirty) calendar days of the date of receipt of the Reasonable Accommodation Committee decision letter.

FOR OFFICE USE ONLY: Date Received \_\_\_\_\_ By \_\_\_\_\_



## LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

**TITLE:** California Paid Parental Leave for Eligible District Employees

**NUMBER:** BUL-6861.0

**ISSUER:** Janice Sawyer, Chief Risk Officer  
Risk Management & Insurance Services

**DATE:** May 5, 2017

**PURPOSE:** The purpose of this Bulletin is to provide District employees with information and guidance concerning California paid parental leave for eligible employees.

**BACKGROUND:** The Family Medical Leave Act (FMLA) and the California Family Rights Act (CFRA) provide eligible employees with up to 12 workweeks of protected, unpaid time off for the birth, adoption, or foster care placement of a child of the employee. FMLA and CFRA absences run concurrently.

Effective January 1, 2017, California law, Education Code Sections 44977.5 and 45196.1, mandated that eligible school employees be paid a portion of their salary for parental leave taken under CFRA.

The eligibility requirements for paid parental leave are different from the requirements for FMLA/CFRA and are further explained in Section II of the Guidelines.

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

**MAJOR CHANGES:** This is a new bulletin.

**GUIDELINES:** The following guidelines apply:

### **I. DEFINITION**

Parental Leave: Formerly referred to as “maternity leave” and now, more commonly referred to as “baby-bonding” or “bonding leave” refers to leave for reason of the birth of a child of the employee, or the placement of a child with an employee in connection with the adoption or foster care of the child by the employee.

**ROUTING**  
All Employees  
All Locations





## LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

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### II. ELIGIBILITY

To be eligible for paid parental leave an employee must:

- A. be a classified or certificated employee. Substitute employees, temporary employees, unclassified employees and employees who are neither classified nor certificated are not eligible for paid parental leave benefits; and
- B. have been employed by LAUSD for at least 12 months over the past seven (7) years, including part-time employees. The 1250-hour (or 130 day) work requirement set forth under FMLA/CFRA does not apply to paid parental leave however still applies to other FMLA/CFRA qualifying leaves, such as a leave for one's own serious health condition; and
- C. have exhausted all available illness time, and continues to be absent from his or her duties on account of parental leave.

### III. DURATION OF PAID PARENTAL LEAVE

- A. Eligible employees are entitled to up to 12 workweeks of paid parental leave to be utilized during the first year following the birth or placement of a child with the parent through adoption or foster care.
- B. Eligible employees are entitled to one 12-workweek period of paid parental leave during any 12-month period.
- C. Twelve workweeks means the equivalent of 12 of the employee's normally scheduled workweeks.
- D. Parental leave does not have to be taken in one continuous period of time, subject to some limitations under CFRA. Under CFRA regulations, the minimum duration of the leave shall be two weeks except that the District must grant a request for leave of less than two weeks duration on any two occasions. No half days or reduced schedules are allowed.

Paid parental leave runs concurrently with FMLA/CFRA leave time. The 12-workweek paid parental leave entitlement is reduced by any period of time used for any other CFRA qualifying reason.

- E. Under the California Pregnancy Disability Leave Act (PDL), an employee is eligible to take leave of up to 18 weeks based on a



## LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

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disability related to pregnancy, childbirth, or related medical condition. PDL time does not run concurrently with CFRA. Therefore, it does not affect or impact an employee's available paid parental leave time.

- F. If the District employs both parents, the District limits the period of paid parental leave to 12 total workweeks to be shared between both parents.

### **IV. COMPENSATION**

- A. An employee may use his or her illness leave for purposes of paid parental leave for a period of up to 12 workweeks.

If an employee exhausts all available illness time, including all accumulated illness leave, and continues to be absent from his or her duties on account of paid parental leave, the employee will be compensated at a rate of 50 percent of his or her regular salary ("partial pay") for the remaining portion of the 12-workweek period of paid parental leave. An employee who does not exhaust all of his or her available accrued illness time is ineligible for, and cannot access, the "partial pay" benefit.

- B. While out on paid parental leave, the employee continues to be entitled to receive any applicable health benefits for which the employee is otherwise eligible.

### **V. ADMINISTRATOR RESPONSIBILITIES**

Administrator responsibilities are those mandated under FMLA/CFRA per LAUSD BUL-1205.3, Family and Medical Leave Act/California Family Rights Act Policy.

- A. Identify a potential need for FMLA/CFRA absence (parental leave);
- B. Determine eligibility;
- C. Request appropriate absence forms and required documentation;
- D. Designate the absence as FMLA/CFRA approved; and
- E. Track amount of time used (maximum of 12 workweeks each FMLA/CFRA Year).



## **LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN**

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### **VI. EMPLOYEE RIGHTS**

If an employee qualifies for FMLA/CFRA and paid parental leave, the employee will have the following rights while on leave:

- A. Leave will not constitute a break in service for purposes of establishing longevity or seniority, or for layoff, recall, promotion, job assignment, or seniority-related benefits.
- B. Maintenance of health benefits during any period of parental leave under the same conditions as if the employee had continued to work.
- C. Reinstatement to the same or equivalent position upon return from FMLA/CFRA 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 entitlement, the employee does not have return rights under FMLA/CFRA. However, if the employee is disabled, he or she may be entitled to a reasonable accommodation. An employee may also have rights pursuant to his or her respective Collective Bargaining Agreement.

### **VII. EMPLOYEE RESPONSIBILITIES**

If an employee qualifies for FMLA/CFRA leave and paid parental leave, the employee will have the following responsibilities while on leave:

- A. Provide Site Administrator with 30 days advance notice of the need to take parental leave when the need is foreseeable.
- B. When the need for leave is not foreseeable, the employee is expected to notify the Site Administrator as soon as is 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.

### **VIII. NON-RETALIATION AND PROTECTION FROM INTERFERENCE WITH FMLA/CFRA RIGHTS**

Employers are prohibited from interfering with an eligible employee's right to utilize FMLA/CFRA or paid parental leave. "Interfering" includes harassing, discriminating or retaliating against an employee for having exercised or attempted to exercise FMLA/CFRA or paid parental leave rights. Employees have the right to utilize FMLA/CFRA and/or paid



## LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

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parental leave for any qualifying reason without criticism or discouragement. Also, an employee must not be subject to discipline for exercise of FMLA/CFRA or paid parental leave 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. While an employee can freely exercise their right to take FMLA/CFRA 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 reductions-in-force or discipline from being issued that is based upon legitimate nondiscriminatory reasons (e.g., work performance and/or conduct).

**AUTHORITY:** This is a policy of the Superintendent of Schools. This policy is established in accordance with California parental leave regulations and the California Family Rights Act.

**RELATED RESOURCES:** Family and Medical Leave Act/California Family Rights Act Policy, BUL-1205.3, October 05, 2015, Office of the General Counsel.

Legally-Mandated Paid Sick Leave for Eligible Employees, BUL-6529.1, Office of the General Counsel, August 3, 2015

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

New Certification of Absence Forms, BUL-6307.3, Office of the Superintendent, July 01, 2016

California Fair Employment and Housing Commission, CFRA Regulations:  
[https://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=GOV&sectionNum=12945.2](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=GOV&sectionNum=12945.2)

California Fair Employment and Housing Commission, California Pregnancy Disability leave Act:  
[www.dfeh.ca.gov/resources/.../pregnancy-disability-leave-faqs/](http://www.dfeh.ca.gov/resources/.../pregnancy-disability-leave-faqs/)

**ASSISTANCE:** For assistance or further information please contact Risk Management and Insurance Services (213) 241-3139.



# LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

**TITLE:** Lactation Accommodations for Employees

**NUMBER:** BUL-6689.0

**ISSUER:** David Holmquist, General Counsel  
Office of General Counsel

**DATE:** May 17, 2016

**POLICY:** This policy provides information and guidance.

All Employee's  
All Locations

The Patient Protection and Affordable Care Act (P.L. 111-148, known as the "Affordable Care Act"), Fair Labor Standards Act, California Labor Code (§§1030-1033), California Code of Regulations and Fair Employment and Housing Act prohibit discrimination, harassment and retaliation of lactating employees, as well as afford particular accommodation rights to lactating employees

**MAJOR CHANGES:** This is a new bulletin.  
The following guidelines apply:

**GUIDELINES:** **I. BACKGROUND**

Federal and state law require employers to accommodate and provide suitable space for employees who choose to continue breastfeeding following their return to work after the birth of a child. Many employees who breastfeed believe that breastfeeding provides numerous health and developmental benefits for their child. As detailed below, expressing breast milk at work for these employees is a necessity and a legal right. The Los Angeles Unified School District is legally obligated to accommodate lactating employees and legally prohibited from discriminating, harassing or retaliating against them for expressing breast milk at work.

**A. Support for Lactating Employees**

It is the aim of the Los Angeles Unified School District to create an environment which not only accommodates the need of lactating employees to express breast milk at work, but which celebrates the choice to do so.

**B. Breast Milk Expression Is a Right and a Necessity**

The District recognizes that for lactating employees, expressing breast milk at work is a right and a necessity; not a luxury. The District further recognizes that



# LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

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breastfeeding and breast milk expression, while both rewarding and beneficial, can sometimes be cumbersome, awkward and laborious for the lactating employee. Even so, lactating employees who choose to express breast milk do so because they believe it will give their child the best possible chance at a healthy and bright future. The District supports the rights of its lactating employees, providing them suitable space and adequate time to express breast milk at work.

## **I. EMPLOYEE RESPONSIBILITIES**

A lactating employee who requires time and/or private space to express breast milk at work must affirmatively request time and/or private space to do so, either verbally or in writing. Requests to express breast milk at work are to be directed to the lactating employee's Supervisor or Administrator.

1. Notify your administrator/designee of any lactation accommodation needs.
2. Meet with your administrator/designee to identify mutually agreeable lactation accommodations.

## **II. RESPONSIBILITIES OF ADMINISTRATORS AND SUPERVISORS**

- A. Administrators and Supervisors are required to reasonably provide lactating employees adequate time and suitable space to express breast milk in private. Private Space for Breast Milk Expression

Upon receiving a request from a lactating employee to express breast milk at work, Administrators and Supervisors are directed to make reasonable efforts to provide the lactating employee with the use of a room or other space to express breast milk in private, unless doing so would seriously disrupt the operations of the District.

Administrators and Supervisors are required to confer with the employee regarding an accommodation request in identifying suitable space.

1. Private Space in Close Proximity to Work Area

The private space provided must be in close proximity to the employee's work area.

The private space provided may include the place where the employee normally works (employee's own office/classroom), but only in the event the space otherwise meets the requirements of this Bulletin.



## LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

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### 2. Private Space Shielded from View

The private space provided must be shielded from view and free from intrusion from co-workers and/or the public.

### 3. Uninterrupted Time

Time utilized by a lactating employee for the expression of breast milk during the work day must be uninterrupted unless there is an emergency or other extenuating circumstance necessitating an interruption by the Administrator or Supervisor. In such instances, the Administrator or Supervisor should take precaution to ensure the lactating employee's privacy is respected, as much as is reasonably possible.

### 4. Private Space Functional for Expressing Breast Milk

The private space provided must be functional (having access to a power source for a breast pump or any other equipment used to express breast milk) as a space for expressing breast milk. If the space is not exclusively dedicated to the lactating employee's use, it must be made reasonably available when needed by the employee.

### 5. Temporary Private Space

A space temporarily created or converted into a space for expressing breast milk or made available when needed by the employee is sufficient, provided that the space is shielded from view, and free from any intrusion from co-workers and the public.

Examples of acceptable temporary private space could include:

- a vacant office, classroom or conference room
- a first aid room/nurse's office
- a dressing room

### 6. Impermissible Space for Expressing Breast Milk

The law expressly provides that a bathroom, toilet stall or closet, even if private, is not a permissible private space for expressing breast milk.

### 7. Employees Assigned to District Headquarters and Local Districts

The District provides multiple private and semi-private spaces at District Headquarters which are designated exclusively for expressing breast milk.





## LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

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The District provides private space at each Local District which is designated exclusively for expressing breast milk.

### 8. Employees Assigned to Schools and Other Locations

School administrators and supervisors in other locations must identify and provide suitable space in compliance with this Policy.

### 9. Storage of Breast Milk

Lactating employees are permitted to store breast milk in refrigerator and freezer units already otherwise provided to all employees by the District for the storage of food. Breast milk should be clearly labeled. The District, however, will not be responsible for any lost or stolen containers left in the refrigerator or freezer.

### B. Frequency and Duration of Lactation Accommodation

Administrators and Supervisors are directed to provide lactating employees a reasonable amount of time to express breast milk as frequently as needed by the employee, unless doing so would seriously disrupt the operations of the District.

#### 1. Production of Breast Milk

The District recognizes that a lactating employee's body produces breast milk as it is used, *i.e.*, the more that is expressed, the more the body produces. If less is expressed, the body will begin to produce less. How often a lactating employee expresses breast milk and the duration she expresses may impact the employee's breast milk production.

Thus, Administrators and Supervisors are directed to be mindful not to potentially impede a lactating employee's breast milk production by unreasonably limiting the frequency or duration the employee is afforded to express breast milk.

#### 2. Typical Frequency and Duration of Breast Milk Expression

The District recognizes that typically, a lactating employee needs to express milk approximately every two to three hours for approximately 15 minutes to a half hour, depending on breast milk production, her experience level, her surroundings, and other conditions.

#### 3. Frequency and Duration of Breast Milk Expression May Vary

The frequency of periods needed to express breast milk on a daily basis as well as the duration of each individual period will likely vary with



## LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

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each lactating employee. Thus, Administrators and Supervisors are directed to evaluate the reasonableness of a lactating employee's request to express breast milk on a case by case basis.

#### 4. Use of Rest/M meal Period(s) to Express Breast Milk

Time used by lactating employees for the expression of breast milk can run concurrently with any rest/meal period(s) already provided to the employee.

#### 5. Use of Unpaid Time to Express Breast Milk

Time used by lactating employees for the expression of breast milk that exceeds or does not otherwise run concurrently with rest/meal period(s) already provided to the employee may be unpaid, but only if time used by non-lactating employees for breaks which exceed or do not otherwise run concurrently with rest/meal period(s) already provided is likewise unpaid (e.g. smoke break).

#### 6. Time Traveling to Private Space

The time used to travel to and from the employee's work area to the private space provided must not be included in the calculation of time used for the expression of breast milk. This time would be paid time.

#### 7. Ultimate Extent of Breast Milk Expression Is Employee's Choice

The District recognizes that many experts recommend that infants be breastfed for at least the first year of life. The ultimate extent a lactating employee chooses to breastfeed her child is the personal and individual choice of the employee. Thus, the District will continue to support and accommodate the lactating employee for as long as she chooses to continue to express breast milk for her child.

### **III. PROHIBITION OF HARASSMENT, DISCRIMINATION, RETALIATION OF LACTATING EMPLOYEES**

Federal and state law and the District expressly prohibit harassment of and/or discrimination against lactating employees because they request accommodations to express milk at work and/or any employees suffering from a medical condition related to breastfeeding. It is also prohibited to retaliate against lactating employees who request time to express breast milk at work and/or who lodge a complaint related to the right to lactation accommodations.

#### **RELATED RESOURCES:**

Bulletin 6612.0, subject "Non-Discrimination And Anti-Harassment (Including Sexual Harassment) Policy and Complaint Procedure," issued by the Office of the General Counsel, dated November 10, 2015, provides the District's policy against



## LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

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discrimination and harassment in the workplace and the procedures for responding to complaints of discrimination and harassment.

**ASSISTANCE:** For assistance with complaints relating to lactation accommodation, please call the Equal Employment Opportunity Section at (213) 241-7685.

Local District:

Integrated Disability Management:

# ILLNESSES





LOS ANGELES UNIFIED SCHOOL DISTRICT  
PERSONNEL COMMISSION  
CLASSIFIED EMPLOYMENT SERVICES BRANCH  
LEAVE OF ABSENCE PACKET FOR CLASSIFIED EMPLOYEES  
**These forms must be completed for absences more than 20 consecutive work days**

### CONTENTS

This leave of absence packet contains the following items:

1. Instructions
2. Leave of Absence Request Form for Classified Employees
3. Attending Physician/Health Care Provider Statement (Must be completed for Mandatory Leave items 1-6 & 9)
4. Notice of Intent to Return to Work

### GENERAL INFORMATION

Refer to the appropriate collective bargaining agreement for information on leaves, which can be found at <http://personnel.lausd.net>. Click on "Collective Bargaining Unit Agreements" under "Quick Links." The agreements specify the types of leaves available, the maximum length of each leave, and the employee's responsibility for notifying the work location and the Classified Employment Services Branch. Failure to comply with these notification requirements and/or failure to return on time may be considered resignation from service.

Refer to Personnel Commission Rules for similar provisions if you are exempt from collective bargaining representation.

### INSTRUCTIONS

Fill in the required information and indicate the type of leave requested. Your work location must verify the first day of absence. This request is to be sent to the , Classified Employment Services Branch, P.O. Box 513307, Los Angeles, CA 90051-1307. **You are responsible for notifying your work location of your absence.** In order to be paid for illness or industrial illness/injury leave, you must notify your time reporter and submit the appropriate documents to your location. If you have questions regarding the continuation of your medical, dental, or life insurance, contact the Benefits Administration Department at (213) 241-4262. The Leave of Absence Request for Classified Employees form and supporting documents (if applicable) must be submitted for all leaves over 20 consecutive work days in addition to any workers' compensation paper work. The Classified Employment Services Branch requires original documents to verify leaves. Your location should retain a copy of the document for your files. For Laws and Rules on Leaves of Absences, refer to Personnel Commission Rule 803, which can be obtained by visiting the Personnel Commission home page at <http://personnel.lausd.net>. Please note that the Attending Physician/Health Care Provider Statement, included in this packet, is a separate form, and needs to be completed in addition to the FMLA Certification of Health Care Provider. The purpose of the Attending Physician/Health Care Provider Statement is for the Classified Employment Services Branch to confirm the need for a formal leave of absence. The FMLA Certification of Health Care Provider is to confirm if qualifying job protections under FMLA/CFRA are applicable. The Attending Physician/Health Care Provider Statement needs to be sent to the , Classified Employment Services Branch, whereas the FMLA Certification of Health Care Provider is to be retained at the site. **Failure to return complete documents will result in the employee not getting paid.**

### DEFINITIONS

#### **MANDATORY LEAVES**

Mandatory Leaves are approved by the Classified Employment Services Branch of the Personnel Commission. Applicant must complete and submit all appropriate documentation.

1. **ILLNESS (SELF) LEAVE:** Is a disabling condition which prevents the performance of job duties and/or causes the inability to perform normal daily functions. An attending physician/health care provider statement must be completed. In the case of a FMLA-related illness leave, refer to work location for FMLA guidelines. For general questions regarding FMLA, contact the FMLA Leaves Section of the Division of Risk Management at (213) 241-3954.
2. **& 3. INDUSTRIAL ILLNESS/INJURY LEAVE:** Up to 60 days of your illness balance may be restored upon approval from Workers' Compensation. For further information, refer to your collective bargaining agreement. If you have questions regarding industrial injury leaves or workers' compensation, contact the Office of Risk Management at (213) 241-3138. An attending physician/health care provider statement must be completed. If applicable, refer to work location for FMLA guidelines. For general questions regarding FMLA, contact the FMLA Leaves Section of the Division of Risk Management at (213) 241-3954.

- 4. ACT OF VIOLENCE LEAVE:** An attending physician/health care provider statement must be completed. If you have questions regarding Act of Violence leaves, contact the Office of Risk Management at (213) 241-3138. If applicable, refer to work location for FMLA guidelines. For general questions regarding FMLA, contact the FMLA Leaves Section of the Division of Risk Management at (213) 241-3954.
- 5. PREGNANCY-RELATED DISABILITY LEAVE:** Is a temporary disability due to miscarriage, pregnancy or childbirth. An attending physician/health care provider statement must be completed. If applicable, refer to work location for FMLA guidelines. For general questions regarding FMLA, contact the FMLA Leaves Section of the Division of Risk Management at (213) 241-3954.
- 6. ILLNESS (FAMILY) LEAVE:** Normally an unpaid leave that may not exceed 12 weeks per FMLA year. Illness Family Leave is available only to employees who submit proper documentation and are eligible for FMLA protection (see your bargaining unit agreement). An attending physician/health care provider statement must be completed. If applicable, refer to work location for FMLA guidelines. For general questions regarding FMLA, contact the FMLA Leaves Section of the Division of Risk Management at (213) 241-3954.
- 7. UNPAID BONDING LEAVE FOR BIRTH/ADOPTION/FOSTER CARE FOR NEW CHILD:** To be taken within the first year following the date of birth or date of placement for adoption or foster care. If applicable, refer to work location for FMLA/CFRA guidelines. For general questions regarding FMLA, contact the FMLA Leaves Section of the Division of Risk Management at (213) 241-3954.
- 8. PAID PARENTAL LEAVE FOR BIRTH/ADOPTION/FOSTER CARE FOR NEW CHILD:** To be taken within the first year following the date of birth or date of placement for adoption or foster care. If applicable, refer to work location for FMLA/CFRA guidelines. For general questions regarding FMLA, contact the FMLA Leaves Section of the Division of Risk Management at (213) 241-3954.
- 9. MILITARY LEAVE:** You cannot be required to resign because of absence in response to military orders. To be eligible for paid leave, you must have at least one year of District service (you may count any prior military leave as part of that year). The employee shall be required to submit appropriate official military orders to the Personnel Commission for any orders that require the employee be absent more than 20 consecutive working days. (Leave paperwork is not needed for absences of 20 days or less.)
- 10. MILITARY CAREGIVER LEAVE:** Normally an unpaid leave that may not exceed 26 weeks per FMLA year. Military Caregiver Family Leave is available only to employees who are eligible for FMLA protection and submit proper documentation to care for a covered servicemember with a serious illness or injury incurred in the line of duty on active duty. This provision also extends FMLA protection to additional family members (i.e., next of kin) beyond those who may take FMLA leave for other qualifying reasons. An attending physician/health care provider statement from a specific military health care provider must be completed or you may submit "invitational travel orders" (ITOs) or "invitational travel authorizations" (ITAs) issued by the DOD. For general questions regarding FMLA, contact the FMLA Leaves Section of the Division of Risk Management at (213) 241-3954.
- 11. QUALIFYING MILITARY EXIGENCY LEAVE:** Normally an unpaid leave that may not exceed 12 weeks per FMLA year. Qualifying Military Exigency Family Leave is available only to employees who are eligible for FMLA protection and submit proper documentation for a covered military member serving in the National Guard or Reserves to use for any qualifying exigency arising out of the fact that a covered military member is on active duty or called to active duty status in support of a contingency operation. Qualifying Exigency includes: (1) short-notice deployment of a week or less; (2) military events and related activities; (3) urgent (as opposed to recurring and routine) childcare and school activities; (4) financial and legal tasks to deal with a family member's active duty; (5) counseling; (6) spending time with the covered servicemember on rest and recuperation breaks during deployment; (7) post-deployment activities. The employee shall be required to submit appropriate official military orders of the covered family member. For general questions regarding FMLA, contact the FMLA Leaves Section of the Division of Risk Management at (213) 241-3954.
- 12. CHARTER LEAVE:** Available for Board of Education-approved independent start-up or conversion charter schools. For further information, refer to your collective bargaining agreement.
- 13. ORGANIZATION (UNION) LEAVE:** If a member takes an authorized leave of absence to serve as an elected official of a labor organization.
- 14. PROFESSIONAL GROWTH STUDY LEAVE: (Available for Bargaining Unit B, D and S members.)** To be taken to pursue a program of study in residence at an institution of higher learning when such program is designed to improve the employee's professional services to the District. For further information, refer to your collective bargaining agreement.
- 15. OTHER LEAVE:** To be indicated for reasons not mentioned above.

## **PERMISSIVE LEAVES**

Permissive Leaves are granted at the discretion of both your location and your division head or local district superintendent. All permissive leaves must be approved prior to the beginning date of the leave. Your supervisor or the Classified Employment Services Branch will notify you if your leave is disapproved or if it has been determined that you are not eligible for the leave requested.

- 16. CARE OF OWN CHILD LEAVE:** Can be requested for up to the child's third birthday (Non-FMLA). Care of own child leave may not be granted beyond the child's third birthday. Child's date of birth must be stated on the form and proof of the child's date of birth may be required.
- 17. PERSONAL/OTHER LEAVE:** To be indicated for personal reasons not mentioned above. Personal reasons include family matters, community service and education or training. Please discuss the reason with your supervisor. For requests for personal leaves related to the care of a child or seriously ill family member, please see number 6- "Illness (Family) Leave" above.



LOS ANGELES UNIFIED SCHOOL DISTRICT  
PERSONNEL COMMISSION  
CLASSIFIED EMPLOYMENT SERVICES BRANCH  
LEAVE OF ABSENCE REQUEST FOR CLASSIFIED EMPLOYEES  
(FOR MANDATORY LEAVES ONLY)

**This form must be completed for absences more than 20 consecutive work days**

TO BE COMPLETED BY EMPLOYEE

<input style="width: 95%;" type="text"/> Last Name	<input style="width: 95%;" type="text"/> First Name	<input style="width: 95%;" type="text"/> MI	<input style="width: 95%;" type="text"/> Person ID/Employee Number
<input style="width: 95%;" type="text"/> Address while on leave: Number & Street      City & State      Zip Code			<input style="width: 95%;" type="text"/> (      )      - Contact number while on leave
<input style="width: 95%;" type="text"/> Job Title & Job/Class Code		<input style="width: 95%;" type="text"/> Work Location	<input style="width: 95%;" type="text"/> (      )      - Work number

I request:    ☐ A leave of absence from: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ , inclusive.  
                 ☐ An extension of my leave from: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ , inclusive.

For the following reason (check one):

**MANDATORY LEAVES (mandatory under all applicable circumstances and with appropriate verification):**

- ☐ 1. Illness (Self) Leave
- ☐ 2. Industrial Illness/Injury Leave - Original injury date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- ☐ 3. Industrial Illness/Injury Leave (FOR SCHOOL POLICE ONLY) - Original injury date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- ☐ 4. Act of Violence Leave - Original injury date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- ☐ 5. Pregnancy-related Disability Leave - Expected delivery date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- ☐ 6. Illness (Family) Leave - Relationship:
- ☐ 7. Unpaid Bonding Leave for birth/adoption/foster care for new child - Date into home: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- ☐ 8. Paid Parental Leave for birth/adoption/foster care for new child - Date into home: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- ☐ 9. Military Leave - ATTACH OFFICIAL ORDERS (for absences of more than 20 days)
- ☐ 10. Military Caregiver FMLA Leave - Relationship:
- ☐ 11. Military Exigency FMLA Leave - ATTACH OFFICIAL ORDERS OF FAMILY MEMBER
- ☐ 12. Charter Leave - Name of Charter School:
- ☐ 13. Organization (Union) Leave
- ☐ 14. Professional Growth Study Leave (For Bargaining Units B, D and S)
- ☐ 15. Other (ex. Peace Core, Red Cross, Merchant Marine, etc.)

**Refer to work location for FMLA guidelines for items 1-7, 9 & 10. For general questions regarding FMLA, contact the FMLA Leaves Section, Division of Risk Management at (213) 241-3954.**

**I CERTIFY that I was not and will not be employed elsewhere during the period covered by this request for illness or industrial illness/injury leave. I also certify that I have read and understand the information on this form. Furthermore, I certify that my absence is because of the indicated reason and that all of the information on this form is true and correct. If I am filing a claim for workers' compensation, I also certify that I will report to the workers' compensation claims administrator any money that I earn from any other employer during the time period claimed by this certification. If I do not report any information regarding other earnings, I acknowledge that I may be in violation of the law, and the penalty may be a fine, loss of benefits, and/or imprisonment.**

**If I do not return to my job within 5 days after the expiration of an unpaid leave or an approved extension of an unpaid leave, please consider this my resignation from the Los Angeles Unified School District. I declare under penalty of perjury that all of the foregoing is true and correct.**

**Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**PROCEED TO NEXT PAGE →**

TO BE COMPLETED BY LOCATION

**1<sup>ST</sup> DAY ABSENT: \_\_\_\_\_ (REQUIRED)**

**ACKNOWLEDGEMENT OF MANDATORY LEAVE REQUEST:** Because leaves 1-14 are mandatory, the administrator's signature signifies only an acknowledgement of the leave.

Administrator Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Classified Employment Services Branch Use Only:**    ☐ Approved    ☐ Disapproved

Approved by: Signature: \_\_\_\_\_ Date: \_\_\_\_\_



LOS ANGELES UNIFIED SCHOOL DISTRICT  
PERSONNEL COMMISSION  
CLASSIFIED EMPLOYMENT SERVICES BRANCH  
LEAVE OF ABSENCE REQUEST FOR CLASSIFIED EMPLOYEES  
ATTENDING PHYSICIAN/HEALTH CARE PROVIDER STATEMENT  
(Must Be Completed for Mandatory Leaves 1-6 & 9)

EMPLOYEE: COMPLETE THE FOLLOWING (PLEASE PRINT)

<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="text-align: center;">Last Name</div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="text-align: center;">First Name</div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="text-align: center;">MI</div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="text-align: center;">Person ID/Employee Number</div>
<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="text-align: center;">Job Title &amp; Job/Class Code</div>		<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="text-align: center;">Work Location</div>	

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 request to release any or all pertinent information and records to the Los Angeles Unified School District.

Employee Signature	Date	Family Member's Signature, if applicable

**Submit original documents to:**  
Los Angeles Unified School District  
Classified Employment Services Branch  
P.O. Box 513307  
Los Angeles, CA 90051-1307

PHYSICIAN/HEALTH CARE PROVIDER: COMPLETE THE FOLLOWING (PLEASE PRINT)

- ☐ ILLNESS
- ☐ INDUSTRIAL INJURY
- ☐ PREGNANCY-RELATED DISABILITY
- ☐ FAMILY MEMBER ILLNESS

Patient's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Is this a Permanent Disability? Yes: ☐ No: ☐

Date incapacity began: \_\_\_\_\_

In my opinion, this employee will be medically able to return to work, effective: \_\_\_\_\_

In my opinion, this family member will no longer require assistance from employee effective: \_\_\_\_\_

**I certify that I am the treating Physician/Health Care Provider for the above-named individual, who is under my professional care, and that the information is true and correct to the best of my knowledge.**

Original Signature of Physician/Health Care Provider	Date
Name of Physician/Health Care Provider (Type or Print)	State License No
Business or Clinic Name	(____) _____ Telephone Number
Address Number & Street	City & State
Zip	

LOS ANGELES UNIFIED SCHOOL DISTRICT  
PERSONNEL COMMISSION  
CLASSIFIED EMPLOYMENT SERVICES BRANCH  
LEAVE OF ABSENCE REQUEST FOR CLASSIFIED EMPLOYEES  
(FOR PERMISSIVE LEAVES ONLY)

**This form must be completed for absences more than 20 consecutive work days**

TO BE COMPLETED BY EMPLOYEE

<input style="width: 95%;" type="text"/> Last Name	<input style="width: 95%;" type="text"/> First Name	<input style="width: 95%;" type="text"/> MI	<input style="width: 95%;" type="text"/> Person ID/Employee Number
<input style="width: 95%;" type="text"/> Address while on leave: Number & Street      City & State      Zip Code			<input style="width: 95%;" type="text"/> Contact number while on leave
<input style="width: 95%;" type="text"/> Job Title & Job/Class Code	<input style="width: 95%;" type="text"/> Work Location		<input style="width: 95%;" type="text"/> Work number
I request: <input type="checkbox"/> A leave of absence from: ____/____/____ to: ____/____/____, inclusive.			
<input type="checkbox"/> An extension of my leave from: ____/____/____ to: ____/____/____, inclusive.			

For the following reason (check one):

**PERMISSIVE LEAVES**

☐ 13. Care of own child, up to third birthday only (non FMLA). Child's birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ 14. Personal/Other Leave. Reason:

**I CERTIFY that I have read and understand the information on this form. Furthermore, I certify that my absence is because of the indicated reason and that all of the information on this form is true and correct.**

**If I do not return to my job within 5 days after the expiration of an unpaid leave or an approved extension of an unpaid leave, please consider this my resignation from the Los Angeles Unified School District. I declare under penalty of perjury that all of the foregoing is true and correct.**

**Employee's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

TO BE COMPLETED BY LOCATION

**1<sup>ST</sup> DAY ABSENT:** \_\_\_\_\_ **(REQUIRED)**

**APPROVAL OF PERMISSIVE LEAVE REQUEST:** If a permissive leave is granted, the position must be held available until the employee returns. Leaves 13-14 must have the approval of Principal/Administrator **and** Division Head/Local District Superintendent. If the request for leave is denied, return form to the employee.

Principal/Administrator:                      ☐ Approved      ☐ Disapproved

Signature \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Division Head/ Local District Superintendent:    ☐ Approved      ☐ Disapproved

Signature \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**For Classified Employment Services Branch Use Only:**    ☐ Approved      ☐ Disapproved

**Approved by: Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

LOS ANGELES UNIFIED SCHOOL DISTRICT  
PERSONNEL COMMISSION  
CLASSIFIED EMPLOYMENT SERVICES BRANCH  
LEAVE OF ABSENCE REQUEST FOR CLASSIFIED EMPLOYEES  
NOTICE OF INTENT TO RETURN TO WORK

**INSTRUCTIONS FOR EMPLOYEES AND WORK LOCATIONS**

The Notice of Intent to Return to Work form should be completed by all employees returning from a formal leave of absence. The Physician/Health Care Provider's portion of the form is completed only for those returning from an illness, injury or pregnancy-related disability leave. Prior to returning to work, the employee must notify his/her location as soon as possible but no less than 24 hours prior to his/her return date. This form may also be used for early return to work.

The employee must present a copy of this form to the Classified Employment Services Branch and a copy of this form to his/her supervisor. **If the physician indicates any restrictions, the employee must contact the Reasonable Accommodations Unit as soon as possible at (213) 241-1319.**

**TO BE COMPLETED BY EMPLOYEE: (FOR MANDATORY AND PERMISSIVE LEAVES)**

<div></div>	<div></div>	<div></div>	<div></div>
Last Name	First Name	MI	Person ID/Employee Number
<div></div>			<div>(    )    -    </div>
Address: Number & Street	City & State	Zip Code	Telephone number
<div></div>			<div></div>
Job Title & Job/Class Code			Return Date
<div></div>			
Name of Work Location			

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY PHYSICIAN/HEALTH CARE PROVIDER FOR ILLNESS, INJURY OR PREGNANCY-RELATED DISABILITY LEAVES: (FOR MANDATORY LEAVES ONLY)**

\_\_\_\_\_  
Approved Return to Work Date

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
State License Number

\_\_\_\_\_  
Address: Number & Street

\_\_\_\_\_  
City & State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Physician/Health Care Provider's Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY LOCATION:**

**1<sup>ST</sup> DAY BACK TO WORK:** \_\_\_\_\_ **(REQUIRED)**

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
**Human Resources**  
**Certificated Request for Leave of Absence**

PRINT NAME:				
Last	First	Middle	Pers ID/Emp No	
Street Address while on Leave		City	State	Zip
Telephone		Telephone		
School / Office	Telephone	Local District	Status	
Grade / Subject	Calendar / Track	Position		

### **I. DATES OF REQUEST**

For the reason indicated below, I request: ☐ leave of absence; ☐ extension of leave; ☐ change in reason for leave.

The dates of the leave of absence are from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **II. REASON FOR LEAVE**

- |  |  |
|--|--|
| <p>1. <input type="checkbox"/> Pregnancy-Related Disability Leave*</p> <p>2. <input type="checkbox"/> Pregnancy Leave* (non-disabled)*</p> <p>3. <input type="checkbox"/> Illness Leave - Self*</p> <p>4. <input type="checkbox"/> Personal Leave for Family Illness*<br/> Name &amp; Relation _____</p> <p>5. <input type="checkbox"/> Personal Leave, <u>not</u> for Family Illness.(Unpaid)<br/> Applicable contractual reason: _____***</p> <p>6. <input type="checkbox"/> Industrial Injury/Illness Leave Absence*<br/> Worker's Compensation Claim # _____<br/> Was this Injury Caused by an Act of Violence?<br/> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>7. <input type="checkbox"/> Parental leave (Paid) <input type="checkbox"/> Bonding (Unpaid)<br/> Bonding with new child within the first year of<br/> child's birth or placement of adopted/foster child<br/> in home.<br/> Date in home: _____</p> | <p>8. <input type="checkbox"/> Child Care leave, for care of employee's child(Unpaid)<br/> Age of Child: _____</p> <p>9. <input type="checkbox"/> Substitute Leave</p> <p>10. <input type="checkbox"/> Half-time Leave</p> <p>11. <input type="checkbox"/> Reduced Workload Leave</p> <p>12. <input type="checkbox"/> Government Order Leave/Absence<br/> Type: _____</p> <p>13. <input type="checkbox"/> Charter School Leave (Unpaid)**</p> <p>14. <input type="checkbox"/> Detached Service Assignment</p> <p>15. <input type="checkbox"/> Other than One-Half time (DACE only)</p> |
|--|--|

\* These requests for leave require Certification of Health Care Provider Form 8239 (see Section VI "Certification of Health Care Provider" on page 2)

\*\* Administrators are not eligible for charter school leaves.

\*\*\* Permissive leave must be cost neutral to the District.

**Note: All employees must answer the questions in Section V "FMLA INFORMATION" on page 2.**

(The term "FMLA" is an abbreviation for the Federal Family and Medical Leave Act.)

### **III. EMPLOYEE'S CERTIFICATION**

If requesting leave for illness, family illness, pregnancy, industrial injury, birth, adoption, foster care, or child care, I certify I was not and will not be employed elsewhere during my regular work hours within the time period claimed on this certification. If I am filing a claim for workers' compensation, I also certify that I will report to the workers' compensation claims administrator any money that I earn from any other employer during the time period claimed by this certification. If I do not report any information regarding other earnings, I acknowledge that I may be in violation of the law, and the penalty may be a fine, loss of benefits, and/or imprisonment. I certify my absence during this period was not and is not for participating in a strike/work stoppage or because of my unwillingness to cross picket lines, and I would have been available for duty if it had not been for the reason cited above. Furthermore, I certify my absence during my hours of assigned duty is because of the listed reason in accordance with the appropriate Collective Bargaining Agreement, and that all of the information on the two pages of this form is true and correct.

**I declare under the penalty of perjury that I have read all of the paragraph above, and it is true and correct.**

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**IV. ADMINISTRATOR'S ACKNOWLEDGEMENT (Note: Administrator does not approve leave)**

Acknowledgement of Leave Request

(Not Required for Extension)

\_\_\_\_\_  
Administrator or Head of School or Section\_\_\_\_\_  
DateHas this absence already been designated as FMLA? Yes ☐ No ☐ (If yes, provide copy of designation (FMLA – 1).)**V. FMLA INFORMATION**

Answer all of the following three questions (see Definitions of “FMLA” and related protections on attached page):

A. Yes ☐ No ☐ Are you requesting leave due to a “serious health condition?” (see definition page attached to this form)B. Yes ☐ No ☐ Are you requesting leave under Family & Medical Leave/California Family Rights Act (FMLA/CFRA) with applicable job protections?(For more information, refer to definitions attached to this form or see the District Office of Risk Management's website (ORMIS) at: [www.lausd.net](http://www.lausd.net). Go to the Link to “Offices.”)C. Yes ☐ No ☐ Has this current absence already been designated as FMLA/CFRA by your site?

FMLA &amp; CFRA leaves run concurrently with a District leave. Some leaves may not qualify for FMLA, therefore the FMLA protections would not be applicable. In addition, other leaves may be designated by the District as FMLA-qualifying, with notification to the employee.

**VI. CERTIFICATION OF HEALTH CARE PROVIDER**

On page 1, Section II, for #1-4 &amp; #6, you must submit verification of the health condition. Check one:

- ☐ Certification of Health Care Provider (LAUSD Form 8239) is submitted and attached to this form.
- ☐ Certification of Health Care Provider (LAUSD Form 8239) is not attached but will be mailed separately within 15 days as instructed in “B” below.

**VII. HR APPROVALS**

(The required acknowledgement of this Leave Request by the Site Administrator [or Section Head] is at the bottom of page 1.)

☐ Approved as requested☐ Modified\*\* ☐ Disapproved\*\*\_\_\_\_\_  
Human Resources Division\_\_\_\_\_  
Date\_\_\_\_\_  
Date of Return to Work\_\_\_\_\_  
Date Employee Informed☐ Approved as requested☐ Modified\*\* ☐ Disapproved\*\*\_\_\_\_\_  
Employee Health Services (if applicable)\_\_\_\_\_  
Date

\*\*Rationale for modification or disapproval of this request \_\_\_\_\_

**After completing this form:**

- A. View carefully for accuracy to avoid any delay in processing. An ending date for the leave may be an estimate and can be updated later. Entries such as “Indefinite,” “Unknown,” or “Pending Review” are unacceptable.
- B. Secure signature of administrator and forward ORIGINALS of Form 1065 and attachments to Human Resources, either to:
- (1) LAUSD Certificated Assignments and Support Services Section, 15<sup>th</sup> Floor of the Beaudry Bldg, P.O. Box 3307 (Dept. S), Los Angeles, CA 90051 or,
  - (2) LAUSD Administrative Assignments Unit, 14<sup>th</sup> Floor of the Beaudry Bldg, P.O. Box 3307, Los Angeles, CA 90051, if leave is requested for an administrator.
  - (3) DACE P Personnel Unit, 15<sup>th</sup> Floor of the Beaudry Bldg, Los Angeles, CA 90017

- C. For an extension of leave, Form 1065 with the attachments may be sent directly to the appropriate assignments office, but the site must be notified of this request for extension.
- D. If you are on unpaid leave of absence that is unprotected by FMLA/CFRA, and you wish to continue your medical/dental coverage, contact the Benefits Administration Office on the website [www.achieve.lausd.net/hr](http://www.achieve.lausd.net/hr) by going to the Link to “Offices,” or calling (213) 241-4262.

**(Note: These definitions are for information only. These pages are not to be submitted with your request for leave.)**

## **VIII. DEFINITIONS**

Leaves of absences are granted in accordance with the provisions of Article XII of the District/UTLA Agreement, Article X of the District/AALA Agreement, and applicable Personnel Policy Guides (PG). Copies of the Agreements (UTLA & AALA) are available on-line ([www.utla.net](http://www.utla.net) and [www.aalausd.org](http://www.aalausd.org)); the Personnel Policy Guides (PG) are also available at [www.achieve.lausd.net/hr](http://www.achieve.lausd.net/hr), clicking the link “Employment” and then “Certificated.” In the definitions below, specific section references in the District/UTLA Agreement and the District/AALA Agreement follow each entry and provide information on eligibility, application procedures, rights upon return, effects of cancellation, and employee obligations in connection with returning to service or requesting an extension.

The types of leaves of absence that may be authorized are listed below:

1. **PREGNANCY-RELATED DISABILITY LEAVE** (UTLA: XII,10; AALA: XI,7)  
Submit Form # 8239 “Certification of Health Care Provider” specifying temporary disability due to pregnancy, miscarriage or childbirth.
2. **PREGNANCY LEAVE – NON-DISABILITY** (UTLA: XII,10; AALA: XI,7)  
This is an unpaid leave. Submit Form # 8239 “Certification of Health Care Provider” confirming circumstances involving request for leave for pregnancy, miscarriage or childbirth.
3. **ILLNESS LEAVE** (UTLA: XII,17; AALA: XI,4)  
Submit Form # 8239 “Certification of Health Care Provider” indicating a disabling condition that precludes performance of job duties and/or causes incapacity to perform normal daily functions.
4. **PERSONAL LEAVE for FAMILY ILLNESS** (UTLA: XII,14,17; AALA: XI,14)  
Submit Form # 8239 “Certification of Health Care Provider” indicating care for family member is needed for family member’s disabling condition which causes incapacity to perform normal daily functions. *Typically, up to 6 additional days of paid Personal Necessity per fiscal year, and up to 6 additional days of paid Kin-Care per calendar year can be used and deducted from the employee’s full-pay illness balance to the extent that an employee has those hours in the employee’s full-pay illness balance.*
5. **PERSONAL LEAVE, not for FAMILY ILLNESS** (UTLA: XII,17; AALA: XI,14)  
See UTLA and AALA contracts for qualifying reasons. Indicate type of leave and submit supporting documents.
6. **INDUSTRIAL INJURY/ILLNESS LEAVE OF ABSENCE** (UTLA: XII,22; AALA: XI,6)  
Submit Workers’ Compensation Claim Form DWC 1 which indicates illness/injury arising from District employment (subject to approval by the District’s current Workers’ Compensation administrator). The Workers’ Compensation claim number must be included. For Act of Violence, please refer to the Integrated Disability Management website, [www.achieve.lausd.net/idm](http://www.achieve.lausd.net/idm).
7. **BONDING with NEW CHILD** (UTLA: XII,24; AALA: XI,16)  
This type of leave must be taken within the first year following the date of birth or date of placement in home due to adoption or foster care. Temporary employees who qualify for FMLA/CFRA may use any available Paid Sick Hours. All other certificated employees who have been employed by the district for at least one year must use any available illness time (full pay or half-pay). If the employee exhausts all illness time during the 12 weeks of parental leave, the employee will continue to receive half-pay for the remaining 12 weeks.
8. **CHILD CARE LEAVE** (UTLA: XII,11; AALA: XI,12)  
“Child” is defined as 4 years or younger as of the beginning date of the leave. Attach copy of child’s birth certificate or other official verification.
9. **SUBSTITUTE LEAVE** (UTLA: XII,20)  
*If approved, a Substitute Availability Statement will be mailed to you; return information will be included.*
10. **HALF-TIME LEAVE** (UTLA: XII,21)  
Attach statement from school administrator confirming that a half-time assignment will be programmed.
11. **REDUCED WORKLOAD LEAVE** (UTLA: XII,22)  
Employee’s schedule must be agreed upon by both principal and teacher for HR approval. Attach Form 1070 (Reduced Workload Leave Agreement) indicating a half-time assignment schedule is requested and approved.
12. **GOVERNMENT ORDER LEAVE OR ABSENCE** (UTLA: XII,18; AALA: XI,8)  
Indicate type of leave with official supporting documents. For pay policy pertaining to jury duty, see Bulletin S-10, 4/28/03. It can be assessed through “LAUSD.net” under the link for Employment/Certificated/Policies.
13. **CHARTER SCHOOL LEAVE** (UTLA: XII,2.0)  
Available for Board approved conversion charter schools that are separating from the District. Attach letter of hire from the charter school.

**14. DETACHED SERVICE ASSIGNMENT**

This is a temporary assignment of a permanent employee on “loan” to an outside agency to provide services that also benefit the District. Call Personnel Research at (213) 241-6356 for required documents.

**15. OTHER THAN ONE-HALF TIME (DACE)**

A leave for other than one-half time may be granted on a year to year basis subject to school schedules, availability of classes, and approval by the principal and the Division of Adult and Career Education (DACE)

**FAMILY AND MEDICAL LEAVE ACT (FMLA)** and **CALIFORNIA FAMILY RIGHTS ACT (CFRA)** provide certain employment protections, such as job return and District-paid health benefits, if the eligible employee needs time off for the “serious health condition” of the employee or the employee’s qualifying family member, or for bonding with a new child in the family. FMLA/CFRA leave can be taken as unpaid in some circumstances, but whenever permissible, it shall be taken concurrently with other paid District leaves (see next section). The District may unilaterally designate a FMLA/CFRA leave, or a concurrent paid leave, based on available information from the employee. A leave under FMLA/CFRA is not to exceed 12 work weeks per FMLA year. An individual must have been employed by the District for at least 12 months, and have worked at least 130 workdays during the 12 months immediately preceding the effective date of the FMLA leave. Proper documentation must be submitted. For additional information on leaves and/or FMLA/CFRA, visit the LAUSD website ([achieve.lausd.net/hr](http://achieve.lausd.net/hr), or [LAUSD.net](http://LAUSD.net) and proceed to the Office of Risk Management), or call the FMLA Leaves Section at (213) 241-3954.

**CONCURRENCE UNDER FMLA/CFRA** means that FMLA/CFRA leave is assigned simultaneously with a District paid (or unpaid) absence. Under the District’s collective bargaining agreements, and pursuant to the regulations of FMLA and CFRA, if an employee’s leave constitutes a qualifying leave under the FMLA and/or CFRA and also constitutes a basis for another type of District leave, such as illness leave, personal necessity leave, workers’ compensation leave, or vacation, the District will require the employee to take FMLA/CFRA concurrently with the other District leave. Similarly, when an employee has requested and is taking FMLA/CFRA, the District shall require and notify the employee requesting FMLA to utilize paid illness time or paid vacation, whenever permissible under the law.

**FMLA MAY BE A PAID LEAVE, OR AN UNPAID LEAVE** depending on whether or not the circumstances qualify for another type of leave that would be paid by the District. In this event, the District would require the District paid leave and FMLA to operate concurrently. An absence taken as FMLA/CFRA which also qualifies for a paid District absence shall be taken as paid absence, if the employee has an available accrued illness or vacation balance. Similarly, an absence qualifying as FMLA/CFRA that is taken with a District unpaid absence shall be unpaid and shall be deducted from the employee’s FMLA/CFRA balance of 12 weeks. Instructions for the use of proper payroll codes are intended to ensure that the leaves are taken concurrently. The employee taking absence for a FMLA/CFRA-qualifying reason will need to provide the requested verification.

**PERTAINING TO PREGNANCY DISABILITY**, an absence or leave due to disability caused by pregnancy, childbirth, or related medical conditions taken under the California Government Code provides up to four months of job-protected leave and is separate and apart from CFRA. Absence or leave for disability caused by pregnancy, childbirth, or related medical conditions is counted as FMLA and as Pregnancy Disability Absence/Leave. It is not counted as CFRA. Thus, leave based on a pregnancy-related disability is not subtracted from an employee’s 12 weeks of available time for the later use of CFRA, so that CFRA may still be available, if requested and otherwise eligible, for instance, for bonding with a new child. The employee taking absence for pregnancy disability will need to provide the requested verification.

**QUALIFYING FAMILY MEMBER UNDER FMLA** is defined as employee’s child under age 18, parents, spouse, or registered domestic partner.

**SERIOUS HEALTH CONDITION** is defined as a health condition that causes the individual to be incapacitated and unable to perform normal daily functions, and creates the need to be under continuing supervision and treatment of a health care provider. Submit Form 8239 “Certification of Health Care Provider” indicating the health condition that requires the need for leave. For more details, request a copy of the definition for “serious health condition”, or see the District website under Office of Risk Management (on the website [www.lausd.net](http://www.lausd.net) by going to the Link to “Offices”, and clicking “Risk Management”), or call FMLA Leaves Section at (213) 241-3954.

Maximum	Days	Weeks
FMLA	60	12
PDL	90	18
Military FMLA	130	26

**Employee Name:** \_\_\_\_\_ **Employee No.:** \_\_\_\_\_

**FMLA Year Start Date:** \_\_\_\_\_ **FMLA Year End Date:** \_\_\_\_\_  
(One year from designation date)

6	0.0
# of daily hours	Total days off
0	0.0
Total hours off	Total weeks off

**Instructions:** This tracking sheet may be used to monitor employee absences under the Family Medical Leave Act (FMLA), the California Family Rights Act (CFRA) or Pregnancy Disability Leave (PDL). This form tracks the number of hours an employee is absent and converts the hours into days and weeks, in order to avoid exceeding maximum limits. (1) Enter the employee's information on the indicated lines. (2) In the box above, enter the employee's scheduled number of work hours per day. All other numbers in the box will calculate automatically. (3) On the calendar below, identify the applicable years. (4) Enter the amount of absence time onto the calendar, in the corresponding Month and Date cell.

**Note: You must use the password "workdays" to enter data on this form. Please remember this form is CONFIDENTIAL.**

Year 20XX

[illegible]

Year 20XX

[illegible]

This form is located on the IDM website at: <http://achieve.lausd.net/IDM>. Please visit our website for guidelines and eligibility requirements for taking protected leave.



LOS ANGELES UNIFIED SCHOOL DISTRICT  
PERSONNEL COMMISSION

803

LAW AND RULES

September 8, 2002

803 LEAVES OF ABSENCE

- A. A leave of absence is an approved absence from duty for a prescribed period of time from a class of positions, but not necessarily from a specific position. On return to service, requests will be entertained for return to the former position or other specific assignment. If all positions have been filled on a regular basis, an employee returning from leave has the right to a regular position in that class if he/she has greater seniority in that class than the least senior employee.
- B. After a continuous period of not less than seven calendar months of service, or after military leave, leave may be granted for a continuous period of up to one year. A leave shall not exceed one year without a return to active duty, except as follows:
1. When leave is granted in order to accept other employment with the District, no prior work period is required, and leave may be extended until probationary status is achieved in the new assignment. When the assignment is in an apprentice class, leave shall be extended for the duration of the employee's training in the apprentice program. If the leave lasts less than one year, the required interval of service may be disregarded in determining eligibility to subsequent leave within the year.
  2. A leave of absence for care of own child may be extended until the third birthday of the child, provided that such leave and extensions thereof are for the sole purpose of care of own child. Such leave may be granted without regard to any except the initial period of service.
  3. A leave of absence may be granted to serve in an elective or appointive position of any governmental agency, or organization supported by governmental funds, and for any official duties connected therewith. Such leave of absence may be renewable annually during the tenure of office or employment.
  4. Study leaves of absence may be renewed provided that the employee is making satisfactory progress in a full-time course of instruction at a college or trade school. Such leaves are subject to cancellation in the event of layoff, reclassification, or reorganization affecting the class from which leave was granted or classes into which the employee has bumping rights.
- C. The leave of absence shall be subject to the approval of the principal, section head, or division head, or the Superintendent or his designated representative but no leave of absence shall be permitted for the purpose that is contrary to the good of service, as determined by the Superintendent or his designated representative.
- D. Application for leave of absence for a period of more than 20 consecutive working days shall be made on a prescribed form and shall indicate the beginning and ending dates of the requested leave and the reason for the request. Reasons may include maternity, matrimony, rest, illness, study, travel, apprentice training, and for other purposes that the responsible administrator may determine to be for the good of the service. After approval, the leave form is be forwarded to the Employment Transactions Services Branch of the Personnel Commission.

CHANGE:

Rule amended to update outdated language and clarification of existing procedures.

Remove: December 18, 2002, page 1 of 4. Add: September 8, 2008, page 1 of 3.

Leaves of Absence

803

Page 1 of 3

LOS ANGELES UNIFIED SCHOOL DISTRICT  
PERSONNEL COMMISSION

803

LAW AND RULES

October 3, 2013

- E. In case of pregnancy leave, an unpaid leave of absence shall be granted upon request. Applications for such leave must be accompanied by a physician's verifying statement. The period of such leave shall be determined by the employee and her physician but shall not exceed one year, including any time converted to illness leave. A pregnancy leave will be converted to an illness leave, in accordance with the provisions of Rule 808, when the employee requests a pregnancy-related illness leave and her physician verifies that a condition exists, caused or contributed to by pregnancy, miscarriage, or childbirth, that temporarily disables her. An employee who files for a paid pregnancy disability that meets all District, State, and federal requirements shall not be separated from service.
- F. An employee returning from a leave of absence may be required to have a District approved health examination.
- G. An employee on leave of absence for a period in excess of six months for pregnancy, child care, matrimony, rest, study, or travel may, upon request, be returned to work prior to the expiration date of the leave, but, in any case, shall be assigned to a position not later than the first day of employee's assignment basis immediately following the expiration of the leave.
- H. Time spent on any leave of absence shall not be considered a break in continuous service. This time shall be counted toward seniority for the purpose of retention in the event of a layoff only if the type of leave is included in those listed for the purpose of Rule 740. Also, the time shall be counted in computing seniority credit for promotional examinations only if the type of leave is included in those listed for that purpose in Rule 705.
- I. A leave of absence shall be accepted only with the understanding that the District is free from any liability for the payment of any compensation or damages nor or hereafter provided by law for the death or injury of any employee of the District when the death or injury occurs while the employee is on leave of absence.
- J. At the discretion of the division head or Educational Service Center administrator, and subject to the time limitations prescribed in Paragraph B of this Rule, an employee serving an initial probationary period may be granted a leave of absence without pay to accompany a spouse who has been called to military duty, to accept other District employment, because of pregnancy, and under the conditions described in Rule 741. Also, a new probationary employee may be granted unpaid illness leave if, based on professional medical advice, the Personnel Commission staff determines that the leave will enable the employee to return to service. Such leave may be granted for a period of up to six months and may be renewed for an additional period of up to six months.
- K. Absence from duty without pay for a period of 20 working days or less may be authorized informally by the responsible administrator with the submission of a leave request form.

CHANGE:

Clerical error clean-up.

Remove: February 5, 2009, page 2 of 3. Add: October 3, 2013, page 2 of 3.

Leaves of Absence

803

Page 2 of 3

LOS ANGELES UNIFIED SCHOOL DISTRICT  
PERSONNEL COMMISSION

803

LAW AND RULES

October 3, 2013

- L. Leave of absence may be revoked by the Superintendent or his designated representative when the good of the service may require it or when evidence shows that the employee is engaged in activities for which leave would not have been granted in the original instance.
- M. Any vacancy caused by a mandatory leave of absence may not be filled by regular appointment except:

1. When the leave has exceeded 180 working days, or a physician's verifying statement notes it is expected to exceed 180 working days; and a request from the Division Head, Educational Service Center administrator, or above has been obtained agreeing to establish a position upon return; and the request has been approved by the Personnel Director or designee.

Note: Locations shall initially attempt to fill vacancies caused by mandatory leave through substitute or relief assignment before requesting regular appointment.

2. When a vacancy is created by a mandated Red Cross, Merchant marine, or military leave (other than temporary), as defined in Rule 820 Military Leave. The vacancy may be filled immediately by regular appointment.

CHANGE:

Clerical error clean-up.

Remove: February 9, 2009, page 3 of 3. Add: October 3, 2013, page 3 of 3

Leaves of Absence

803

Page 3 of 3

## **Article XII – Leaves and Absences**

### **10.0 Pregnancy and Related Disability (Paid and Unpaid):**

10.1 Paid Disability Absence: For that period of time during which the employee (including temporaries and substitutes) is physically disabled and unable to perform her regular duties due to pregnancy, miscarriage, childbirth and recovery there from, she shall be permitted to utilize her illness absence pursuant to Section 12.0 of this Article.

10.2 Optional Unpaid Portion: A pregnant employee in active status shall, upon request, be granted an unpaid pregnancy leave (or, in the case of substitutes or temporaries, an unpaid absence) and still qualify for paid absence during the period of disability. This is the only exception to the general rule that paid leaves may only be taken from active status.

10.3 Physician Certifications: A pregnant employee shall be permitted to continue on active duty until such date as she and her physician determine that she must absent herself due to pregnancy disability, provided that she can and does continue to perform the full duties and responsibilities of her position. The employee must also supply to the District her physician's certification as to the beginning and ending dates of actual pregnancy-related disability for which paid illness absence is claimed, and her physician's release to return to active duty. District forms for such certifications, and application forms, shall be available at each site.

## **Article XI – Leaves and Absences**

7.0 Pregnancy and Related Disability Leave/Absence: Employees shall be granted paid and unpaid leaves/absences under this Section as follows:

a. Paid Disability Absence: An employee shall be permitted to utilize illness absence Section 4.0 above for that period of time during which the employee is physically disabled and unable to perform regular duties due to pregnancy, miscarriage, childbirth and recovery therefrom.

b. Optional Unpaid Portion: A pregnant employee in active status shall, upon request, be granted an unpaid pregnancy leave pursuant to Section 12.0 below and still qualify for paid absence during the period of disability. This is the only exception to the general provision that paid leaves may be taken only from active status.

c. Physician Certification: A pregnant employee shall be permitted to continue on active duty until such date as the employee and the employee's physician determine that absence is necessary due to pregnancy disability, provided that the employee can and does continue to perform the full duties and responsibilities of the assigned position. The employee must also supply to the District the physician's certification as to the beginning and ending dates of actual pregnancy-related disability for which paid illness absence is claimed, and the physician's release to return to active duty.

## Article XII – Leaves of Absence

### 9.0 Pregnancy and Related Disability Leave (Paid and Unpaid):

9.1 Paid Disability Leave Absence: For that period of time during which the employee is physically disabled and unable to perform her regular duties due to pregnancy, miscarriage, childbirth and recovery therefrom, she shall be permitted to utilize her illness absence pursuant to Section 11.0 of this Article.

9.2 Physician Certifications: A pregnant employee shall be permitted to continue on active duty until such date as she and her physician determine that she must absent herself due to pregnancy disability, provided that she can and does continue to perform the full duties and responsibilities of her position. The employee must also supply to the District her physician's certification as to the beginning and ending dates of actual pregnancy-related disability for which paid illness absence is claimed and her physician's release to return to active duty.

9.3 Optional Unpaid Portion: A pregnant employee in active status shall, upon request, be granted an unpaid pregnancy leave prior to the period of actual disability, and still qualify for paid absence during the initial disability. This is the only exception to the general rule that paid leaves may only be taken from active status.

9.4 Nothing contained in Section 9.0 shall limit an employee's rights under applicable law with respect to reasonable accommodation or otherwise.

## Article XII – Leaves of Absence

### 9.0 Pregnancy and Related Disability Leave (Paid and Unpaid):

9.1 Paid Disability Leave: For that period of time during which the employee is physically disabled and unable to perform her regular duties due to pregnancy, miscarriage, childbirth and recovery therefrom, she shall be permitted to utilize her illness leave pursuant to Section 11.0 of this Article.

9.2 Physician Certification: A pregnant employee shall be permitted to continue on active duty until such date as she and her physician determine that she must absent herself due to pregnancy disability, provided that she can and does continue to perform the full duties and responsibilities of her position. The employee must also supply to the District her physician's certification as to the beginning and ending dates of actual pregnancy-related disability for which paid illness absence is claimed, and her physician's release to return to active duty.

9.3 Optional Unpaid Portion: A pregnant employee in active status shall, upon request, be granted an unpaid pregnancy leave prior to the period of actual disability and still qualify for paid illness absence during the actual disability. This is the only exception to the general rule that paid leave may only be taken from active status.

## Article XIII – Leaves of Absence

### 9.0 Pregnancy and Related Disability Leave {Paid and Unpaid}:

9.1 Paid Disability Leave: For that period of time during which the employee is physically disabled and unable to perform her regular duties due to pregnancy, miscarriage, childbirth and recovery therefrom, she shall be permitted to utilize her illness leave pursuant to Section 11.0 of this Article.

9.2 Physician Certification: A pregnant employee shall be permitted to continue on active duty until such date as she and her physician determine that she must absent herself due to pregnancy disability, provided that she can and does continue to perform the full duties and responsibilities of her position. The employee must also supply to the District her physician's certification as to the beginning and ending dates of actual pregnancy-related disability for which paid illness absence is claimed, and her physician's release to return to active duty.

9.3 Optional Unpaid Portion: A pregnant employee in active status shall, upon request, be granted an unpaid pregnancy leave prior to the period of actual disability, and still qualify for paid illness absence during the actual disability. This is the only exception to the general rule that paid leaves may only be taken from active status.



## Article XI – Leaves of Absence

### 9.0 Pregnancy and Related Disability Leave (Paid and Unpaid):

9.1 Paid Disability Leave: For that period of time during which the employee is physically disabled and unable to perform her regular duties due to pregnancy, miscarriage, childbirth and recovery therefrom, she shall be permitted to utilize her illness leave pursuant to Section 11.0 of this Article.

9.2 Physician Certifications: A pregnant employee shall be permitted to continue on active duty until such date as she and her physician determine that she must absent herself due to pregnancy disability, provided that she can and does continue to perform the full duties and responsibilities of her position. The employee must also supply to the District her physician's certification as to the beginning and the ending dates of actual pregnancy-related disability for which paid illness absence is claimed and her physician's release to return to active duty.

9.3 Optional Unpaid Port ion: A pregnant employee in active status shall, upon request, be granted an unpaid pregnancy leave prior to the period of actual disability, and still qualify for paid illness absence during the actual disability. This is the only exception to Section 3.0 of this Article.

## Article XII - Leaves of Absence

### 9.0 Pregnancy and Related Disability Leave (Paid and Unpaid):

9.1 Paid Disability Leave: For that period of time during which the employee is physically disabled and unable to perform her regular duties due to pregnancy, miscarriage, childbirth and recovery therefrom, she shall be permitted to utilize her illness leave pursuant to Section 11.0 of this Article.

9.2 Physician Certification: A pregnant employee shall be permitted to continue on active duty until such date as she and her physician determine that she must absent herself due to pregnancy disability, provided that she can and does continue to perform the full duties and responsibilities of her position. The employee must also supply to the District her physician's certification as to the beginning and ending dates of actual pregnancy-related disability for which paid illness absence is claimed, and her physician's release to return to active duty.

9.3 Optional Unpaid Portion: A pregnant employee in active status shall, upon request, be granted an unpaid pregnancy leave prior to the period of actual disability, and still qualify for paid illness absence during the actual disability. This is the only exception to the general rule that paid leaves may only be taken from active status.

## Article XIII – Leaves of Absence

5.0 Pregnancy and Related Disability Leave: Leaves under this Section shall be granted to a pregnant employee prior to and during the period of disability related to pregnancy and childbirth, with the period of disability leave not to exceed fifty-two (52) consecutive calendar weeks. A pregnant employee shall be permitted to continue on active duty until such date as she and her physician determine that she must absent herself due to pregnancy disability, provided that she can and does continue to perform the full duties and responsibilities of her position. The employee must also supply to the District her physician's release to return to active duty. For child care, see Section 10.0 and 18.0 below.

## Article XIII - Leaves of Absence

### 9.0 Pregnancy and Related Disability Leave (Paid and Unpaid):

9.1 Paid Disability Leave Absence: For that period of time during which the employee is physically disabled and unable to perform her regular duties due to pregnancy, miscarriage, childbirth and recovery therefrom, she shall be permitted to utilize her illness absence pursuant to Section 11.0 of this Article.

9.2 Physician Certifications: A pregnant employee shall be permitted to continue on active duty until such date as she and her physician determine that she must absent herself due to pregnancy disability, provided that she can and does continue to perform the full duties and responsibilities of her position. The employee must also supply to the District her physician's certification as to the beginning and ending dates of actual pregnancy-related disability for which paid illness absence is claimed and her physician's release to return to active duty.

9.3 Optional Unpaid Portion: A pregnant employee in active status shall, upon request, be granted an unpaid pregnancy leave prior to the period of actual disability, and still qualify for paid absence during the initial disability. This is the only exception to the general rule that paid leaves may only be taken from active status.

9.4 Nothing contained in Section 9.0 shall limit an employee's rights under applicable law with respect to reasonable accommodation or otherwise.

## Article XIII - Leaves of Absence

### 9.0 Pregnancy and Related Disability Leave (Paid and Unpaid):

9.1 Paid Disability Leave: For that period of time during which the employee is physically disabled and unable to perform her regular duties due to pregnancy, miscarriage, childbirth and recovery therefrom, she shall be permitted to utilize her illness leave pursuant to Section 11.0 of this Article.

9.2 Physician Certifications: A pregnant employee shall be permitted to continue on active duty until such date as she and her physician determine that she must absent herself due to pregnancy disability, provided that she can and does continue to perform the full duties and responsibilities of her position. The employee must also supply to the District her physician's certification as to the beginning and the ending dates of actual pregnancy-related disability for which paid illness absence is claimed and her physician's release to return to active duty.

9.3 Optional Unpaid Portion: A pregnant employee in active status shall, upon request, be granted an unpaid pregnancy leave prior to the period of actual disability, and still qualify for paid illness absence during the actual disability. This is the only exception to Section 3.0 of this Article.

## Article XIII - Leaves of Absence

### 9.0 Pregnancy and Related Disability Leave (Paid and Unpaid):

9.1 Paid Disability Leave: For that period of time during which the employee is physically disabled and unable to perform her regular duties due to pregnancy, miscarriage, childbirth and recovery therefrom, she shall be permitted to utilize her illness leave pursuant to Section 11.0 of this Article.

9.2 Physician Certifications: A pregnant employee shall be permitted to continue on active duty until such date as she and her physician determine that she must absent herself due to pregnancy disability, provided that she can and does continue to perform the full duties and responsibilities of her position. The employee must also supply to the District her physician's certification as to the beginning and the ending dates of actual pregnancy-related disability for which paid illness absence is claimed and her physician's release to return to active duty.

9.3 Optional Unpaid Portion: A pregnant employee in active status shall, upon request, be granted an unpaid pregnancy leave prior to the period of actual disability, and still qualify for paid illness absence during the actual disability. This is the only exception to Section 3.0 of this Article.