

TITLE: Certification of Absence Forms

**NUMBER:** BUL-6307.5

Alma Peña-Sanchez, Chief of Staff **ISSUER:** 

Office of the Superintendent

V. Luis Buendia, Controller

Accounting & Disbursements Division

**DATE:** April 2, 2018

**PURPOSE**: The purpose of this bulletin is to advise administrators and time-reporters of the

updated Certification of Absence Forms.

**MAJOR** This revision replaces Bulletin No. 6307.4 of the same subject issued on July 10, **CHANGES:** 

2017. The updated forms replace Certification/Request of Absence for Illness, Family

ROUTING

Administrators **Principals** Time Reporters

Risk Management

All Offices and Schools

Illness, New Child (Form No. 60.ILL; 7/10/2017) and Certification/Request of

Absence for Non-Illness (Form No. 60.NON-ILL; 7/10/2017). Form No. 60.ILL is a reissue to include the same revised date as Form No. 60.NON-ILL and the latter has been revised to include the options for Court Appearance, School Activity, and 1994

Vacation Bank Hours.

**GUIDELINES:** The following guidelines are provided for the use of the new forms:

A. Certification/Request of Absence for Illness, Family Illness, New Child

(See Attachment A)

This form consists of five sections: Employee Information, Reason for Absence, FMLA/CFRA Information, Important LAUSD Information, and Administrator/Supervisor's Acknowledgment/Approval.

- 1. Employee Information section requires the following employee data:
  - a) Name
  - b) Employee number
  - c) Work location
  - d) Job title
  - e) Substitute/temporary status
  - f) Employee's telephone number



- 2. Reason for Absence section requires the employee to provide absence data as follows:
  - a) The starting date and last date of absence or expected last date of absence.
  - b) Total time or expected total time of absence (days or hours).
  - c) The selection of the type of absence (Time reporters may refer to the FMLA Supervisors' Reference Guide or Payroll Concepts Manual for the appropriate time/pay codes).

Note: All types of absence selections must be made according to the applicable Board Rules, Personnel Commission Rules, Collective Bargaining Agreements and District Policies governing the employee.

The types of absence are:

- i. Employee's personal illness/injury/disability/Medical Appointment/Accident
- ii. Employee's occupational illness/injury or act of violence.
- iii. Employee's pregnancy-related illness/disability *employee may* request for the absence to be paid or unpaid.
- iv. Parental Leave (Birth of a child/Newly adopted/New foster care) For eligible Classified or Certificated employees covered under the Paid Parental Leave. The employee may request for the absence to be paid or unpaid. If the request is for the absence to be paid, time code PLIL must be used for time reporting.
- v. Illness/injury/disability/accident of employee's family member the employee may request to use up to six (6) days per their collective bargaining agreement or up to seven (7) days per their collective bargaining agreement of personal necessity per fiscal year, or the employee may request to use up to six (6) days of kin care per calendar year. However kin care is restricted for the use of illness for a parent, child, registered domestic partner or spouse, per Labor Code Section 233 (kin care).
- 3. FMLA/CFRA Information Section addresses the requirements for a "serious health condition" absence.
- 4. Important LAUSD Information Section addresses the requirement for a Certification of Health Care Provider. The certification is required when requested by the Administrator/Supervisor under FMLA, District rules or if absence is over five consecutive working days.



- 5. The Administrator/Supervisor Section addresses the following:
  - a) Confirmation that FMLA supporting documentation has been received and is on file.
  - b) Administrator/supervisor's acknowledgment/approval which requires the name and signature of supervisor.
  - c) Approval/disapproval of the absence.
- B. Certification and/or Request of Absence for Non-Illness (See Attachment B)

This form consists of three sections: Employee Information, Reason for Absence, For Administrator/Supervisor, and Administrator/Supervisor's Acknowledgement/Approval.

- 1. Employee Information section requires employee data as follows:
  - a) Name
  - b) Employee number
  - c) Work location
  - d) Job title
  - e) Employee's telephone number
- 2. Reason for Absence section requires employee to provide absence data as follows:
  - a) The starting date and last date of absence or expected last date of absence.
  - b) The total time or expected total time of absence (days or hours).
  - c) The selection of the type of absence. Time reporters may refer to the Payroll Concepts Manual for the appropriate time/pay codes.

Note: All types of absence selections must be made according to the applicable Board Rules, Personnel Commission Rules, Collective Bargaining Agreements and District Policies governing the employee.

The types of absence are:

- i. Accident or imminent danger to employee's personal property
- ii. Accident to employee's family members' property
- iii. Automobile failure if required for work performance on that day (for employees in bargaining units A, B, C, D & S)
- iv. Registration or final exam in higher education (for employees in bargaining units A, C &S)
- v. Religious holiday of employee's faith



- vi. Court Appearance
- vii. School Activity
- viii. Bereavement
- ix. Conference approved by the District
- x. Jury duty or appearance in court under order *is an* acknowledgment, but employee must provide the appropriate notification and documentation.
- xi. Vacation For eligible regular classified and certificated "A" basis employees. This request is subject to approval only. The certification statement does not apply and no additional explanation is required. Employee has the option to request the usage of their regular accrued vacation or their 1994 Vacation Bank hours.
- xii. Paid Vacation Parental Leave (Birth of a child/Newly adopted/New foster care) For eligible Classified or Certificated employees covered under the Paid Parental Leave. Employee has the option to request the usage of their regular accrued vacation or their 1994 Vacation Bank. Refer to 1994 Vested Vacation Bank job aid dated 10/1/2017 for available time codes.
- xiii. Other absences not specifically indicated above but provided in the collective bargaining agreement and PC Rules.
- 3. The Administrator/Supervisor Section addresses the following:
  - a) Confirmation that FMLA supporting documentation has been received and is on file.
  - b) Administrator/supervisor's acknowledgment/approval which requires the name and signature of supervisor.
  - c) Approval/disapproval of the absence.

#### C. Employee's Signature (Authorization)

Employees agree and authorize that if they do not have sufficient benefit time to cover their absences, any unearned wages they receive for hours they did not work will be collected from their next paycheck.

The form must be signed and dated by employees under penalty of perjury.

#### D. Time Reporter and Time Approver Responsibility

A time card is the District's official document of an employee's attendance/absence for time reporting purposes. The use of the time card is mandated in the Board Rules and is subject to the District designated auditors.



Records substantiating the time reported to the Payroll Administration for salary payment must be kept on file and retained at the location for a period of five years in accordance with the Board of Education report.

Employee must complete and submit a Certification and/or Request of Absence Form for approval. Completed and approved absence certification forms are required prior to the reporting of absence time.

Effective 10/1/2017, the time reporter shall distribute and accept only the following certification forms from the employee. Therefore, the time reporter shall destroy all Certification forms dated 7/10/2017.

Certification/Request of Absence for Illness, Family Illness, New Child Form No. 60.ILL; Reissued 10/1/2017

Certification and/or Request of Absence for Non-Illness Form No.60.NON-ILL; Revised 10/1/2017

Utilization of the revised certification forms will be closely monitored for compliance. Failure to use the revised certification forms above is in violation of proper time reporting procedures and will be addressed with those time reporters and time approvers that are non-compliant.

- E. Copy of the forms and reference guide may be downloaded via MyLAUSD by following these steps:
  - 1. Log-on to MyLAUSD at <a href="http://my.lausd.net">http://my.lausd.net</a>.
  - 2. Click the LOGIN button in the upper right corner.
  - 3. Enter your LAUSD email address and password to sign in.
  - 4. Once logged-in, you will be directed to the e-Library Documents Page.
  - 5. Use the e-Library search box by typing in 60.ILL or 60.NON-ILL and select enter.
  - 6. Check the box of the document you want to download.
  - 7. Proceed to complete and print the form.
- F. These new forms replace form numbers: 60.ILL; Revised 7/10/2017 Certification/Request of Absence for Illness, Family Illness, New Child and 60.NON-ILL; Revised 7/10/2017 Certification/Request of Absence for Non-Illness.

These new forms must be maintained on file with the sign-in and sign-out documents for auditing purposes of time cards.



RELATED RESOURCES:

Office of the General Counsel, Policy Bulletin No. BUL-6529.1, *Legally-Mandated Paid Sick Leave for Eligible Employees* 

Accounting and Disbursements Division, Reference Guide No. REF-6528.1, Reporting Paid Sick Leave for Substitute/Temp Eligible Employees

Division of Risk Management & Insurance Services, Reference Guide No. REF- 6022.0, "Family and Medical Leave Act/California Family Rights Act – Supervisors' FMLA/CFRA Reference Guide

Division of Risk Management & Insurance Services, Policy Bulletin No. BUL-6861.0, *California Paid Parental Leave for Eligible District Employees* 

Accounting and Disbursements Division, Reference Guide No. REF-6874.0, Reporting California Paid Parental Leave for Eligible District Employees

Payroll Concepts Manual dated February 1, 2017

Attachment A – Certification and/or Request of Absence for Illness, Family Illness, New Child

Attachment B – Certification and/or Request of Absence for Non-Illness

#### **ASSISTANCE:**

For time reporting assistance or questions regarding 1994 Vacation Bank Hours and/or Protected Personal Necessity, contact Payroll Customer Services at (213) 241-2570 or by email at <a href="mailto:payrollsupport@lausd.net">payrollsupport@lausd.net</a>.

For additional information and/or questions on Protected Personal Necessity, please contact the Absence Management Unit by calling 213-241-3954 or email staffattendance@lausd.net.



### ATTACHMENT A

IPLOYEE INFORMATION (Please P1		32 SELFIE	2 SONO	, FAMIL I	ILLNESS,	NEW CHIL	<u></u>
ast Name	First Name	# WA		M.I.	Employee !	No.	
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Note: To confirm serious health condition Do you request FMLA/CFRA protections (See District website or your supervisor of PORTANT LAUSD INFORMATION hysician Statement' is required if absence in tification of Health Care Provider' is required as the appropriate documentation is required. Is the appropriate documentation submitt NOTE: If the answer is "No", the corrutify I was/will not be employed elsewhere dution. I certify my absence during this period	s for serious he or FMLA facts s over 5 conse s over 5 conse direct if FMLA for birth of a ed with this recect document: ring my regula was not and is	ecutive days A/CFRA pro a child/newly quest? ation must	on or other q	ed by Admin be being reque w foster can No d separately time period of	nistrator undested for series and promptly laimed on this stoppage or b	er LAUSD Ri	□ No  lles. 'FMLA adition. Birth  unless taking unwillingness
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### ATTACHMENT B

		REQUEST	OF ABSEN	CE FOR	NON-ILLN	<u> </u>
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. Starting date of absence/	/ L	ast date of ab	sence (expecte	d)	Day Yr.	_
. Total time (expected) of absence:	days;	hours.			•	
NOTE: This form does not supersede required.	or replace the	Leave of Abs	ence Request	Form (PC	Form 5006 or	HR Form 1065), when
. Select the appropriate type of absence:						
A) Accident or Imminent Danger to M	y Person/Proper	ty (see rule¹).			ain	
B) Accident to Family Member's Prop	erty (see rule <sup>1</sup> )			Expl	ain	
C) Auto failure (up to 2 hours) if car u						
D) Registration or Final Exam in High					ain	
E) Religious Holiday of My Faith						
F) Court Appearance		Paid	☐ Unpaid ☐	Prov	ide Verification	1
G) School Activity				_	ide Verification	ı
] H) Bereavement (see rule <sup>4</sup> )					tify Family Rel	ation
I) Conference Approved by District					ide verification	•
J) Jury Duty						ion from the Court
K) Vacation (All regular classified emp				-	ect to Approva	
Accrued Vacation Hours Reques				-		
L) Paid Parental Leave (Birth of a chil						cate or legal document
Accrued Vacation Hours Reques				-		
M) Other Absences (identify				-		
NOTE: Absences "A" through "G" m	ay qualify as Pe	ersonal Neces	sity. Absence	s "K" and	l "L" may qua	lify for FMLA/CFRA.
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