

Los Angeles Unified School District

CERTIFICATION/REQUEST OF ABSENCE FOR FAMILIES FIRST CORONAVIRUS RESPONSE ACT

EMPLOYEE INFORMATION (Please Print)



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

REASON FOR ABSENCE

- Starting date of absence _____ / _____ / _____ Last date of absence (expected) _____ / _____ / _____
Mo. Day Yr. Mo. Day Yr.
- Total time (expected) of absence: _____ days; _____ hours.
NOTE: This form does not supersede or replace the Leave of Absence Request Form (PC Form 5006 or HR Form 1065), when required.

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

Emergency Paid Sick Leave (EPSL)

- A) I am subject to a Federal, State, or local Government quarantine or isolation order related to COVID-19. (Own Condition)
- B) I have been advised by a health care provider to self-quarantine for reasons related to COVID-19. (Own Condition)
- C) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis. (Own Condition)
- D) I have a bona fide need to care for an individual who is subject to quarantine (pursuant to Federal, State, or local government order advice of a health care provider) related to COVID-19. (Care for another)
 Employee Relationship to individual: _____
- E) I am caring for son or daughter whose elementary/secondary school or place of care is closed, or childcare provider is unavailable due to a declared COVID-19 public health emergency. (Care for another)
EPSL for D and/or E may be supplemented: Kin Care Personal Necessity
- F) I am experiencing any other substantially similar conditions as specified by Secretary of Health and Human Services, in consultation with the Secretaries of Treasury and Labor. (Own Condition)
EPSL for F may be supplemented: Illness Pay

Emergency Family Medical Leave Expansion Act (FMLA+)

- G) I am caring for my son or daughter whose elementary/secondary school or place of care is closed, or childcare provider is unavailable due to a declared COVID-19 public health emergency.
Weeks One and Two may be supplemented: EPSL OR Kin Care Personal Necessity
Weeks Three through Twelve may be supplemented: Kin Care Personal Necessity

IMPORTANT LAUSD INFORMATION

'Physician Statement' is required if absence is over 5 consecutive days or if required by Administrator under LAUSD Rules.
'Employee Certification of Need for EPSL and/or FMLA+' is required if EPSL and/or FMLA+ protections are being requested for reasons covered under the Families First Coronavirus Response Act (FFCRA).

4. Is the appropriate documentation submitted with this request?..... Yes No

NOTE: If the answer is "No", the correct documentation must be submitted separately and promptly.

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

Employee's Signature: _____ **Date:** _____

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

Administrator/Supervisor's Acknowledgment/Approval:

Print Name _____ Signature _____ Date _____

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

Explanation (If No): _____

FFCRA