



LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

TITLE: Reporting Paid Sick Leave for Substitute/Temp Eligible Employees

NUMBER: REF-6528.2

ISSUER: Kristen K. Murphy, Ed.D.
Associate Superintendent
Talent and Labor Relations

Francisco J. Serrato, Ed.D.
Chief Human Resources Officer
Human Resources Division

DATE: September 23, 2024

DUE DATE: Not Applicable

PURPOSE: The purpose of this Reference Guide is to provide District employees with updated information about the procedures for notification, reporting and approval of California mandatory paid sick leave for eligible employees who currently do not receive sick days.

The Healthy Workplaces, Healthy Families Act of 2014 (commencing with Section 245 of the Labor Code), provides mandatory paid sick days for specific eligible employees who currently do not have paid sick days. Effective January 1, 2024, eligible employees are entitled to up to five (5) protected paid sick days or 40 hours in a 12-month period, for the diagnosis, care, or treatment of a health condition, or for preventative care for an employee or an employee's family member. The change in the law does not provide additional sick days to District employees who already receive paid sick days. The Act also provides paid sick days to an employee for certain purposes related to being a victim of domestic violence, sexual assault or stalking. The Act defines employee eligibility, prescribes use of mandatory paid sick days, eligible family members, notice requirements and contains non-retaliation provisions.

The legislative intent of the Healthy Workplaces, Healthy Families Act is to ensure workers in California can address their own health needs and the health needs of their families by requiring employers to provide a minimum level of paid sick days, including time for family care. The Act is also intended to decrease public and private health care costs by enabling workers to seek early and routine medical care for themselves

ROUTING
All Employees
All Locations

and their family members, and to address domestic violence or sexual assault; to provide economic security to those who take time off from work for reasons related to domestic violence or sexual assault; and, safeguard the welfare, health, safety and prosperity of the people of California.

The provisions of the Act are in addition to and independent of any other rights, remedies or procedures available under any other law and do not diminish, alter or negate any other legal rights, remedies or procedures available to an aggrieved person.

**MAJOR
CHANGES:**

This Reference Guide replaces REF-6528.1 issued on August 31, 2015.

- This version reflects changes necessitated by the October 4, 2023, amendment to the Healthy Workplaces, Healthy Families Act of 2014. The amendment excludes a retired annuitant of a public agency from the definition of employees eligible for mandatory paid sick leave. More specifically, the definition of “employee” does not include an employee who is a recipient of a retirement allowance and employed without reinstatement in the Public Employees’ Retirement System (PERS).

INSTRUCTIONS: The following instructions are provided:

Day-to-Day K-12 Substitutes

All illness time for Day-to-Day K-12 substitute teachers will be reported and approved by staff in the Certificated Substitute Unit. For procedures regarding time reporting of illness for extended substitutes, please refer to additional information within this Reference Guide.

A Day-to-Day K-12 substitute teacher may request to use their illness benefit by declining a call in SmartFindExpress as a result of illness and by completing and submitting the Certification/Request of Absence for Illness, Family Illness, New Child form (Form No. 60.ILL) to the Certificated Substitute Unit within thirty days of the absence to ensure timely payroll reporting. Form No. 60.ILL may be obtained online at <http://achieve.lausd.net/Page/1083>. In addition, school office personnel will be required to make the forms available to substitute teachers. The completed form must be faxed or emailed to the Certificated Substitute Unit at (213) 241-8410 or Subillnessreporting@lausd.net. Once an Absence Request Form is received, Certificated Substitute Unit staff will verify that the substitute received a call from SmartFindExpress on the requested date and ensure that time is reported. SmartFindExpress on the requested date and ensure that time is reported. K-12 substitutes who become ill after reporting to a school site and request to leave before

the assignment day ends may request to use hours equivalent to the portion of the day that remains. Form No. 60.ILL must be submitted following the directions outlined above.

Day-to-Day Early Childhood Education Substitutes

All illness time for Day-to-Day Early Childhood Education substitute teachers will be reported and approved by staff in the Early Childhood Education Certificated Unit. For procedures regarding time reporting of illness for extended substitutes, please refer to additional information within this Reference Guide.

An Early Childhood Education Day-to-Day substitute teacher may request to use their illness benefit by declining a call from SmartFindExpress or canceling themselves out of a previously accepted substitute assignment in SmartFindExpress for reason of illness and by completing and submitting the Certification/Request of Absence for Illness, Family Illness, New Child form (Form No. 60.ILL) to the Early Childhood Education Certificated Substitute Unit as soon as practicable to ensure timely payroll reporting. Form No. 60.ILL may be obtained online at <http://achieve.lausd.net/ece-hr>. In addition, school office personnel will be required to make the forms available to substitute teachers. The completed form must be faxed or emailed to the Early Childhood Education Certificated Substitute Unit at (213) 241-2479 or earlychildhood@lausd.net. Once an Absence Request form is received, Early Childhood Education Certificated Substitute Unit staff will verify that the substitute received a call from Smart Find Express on the requested date and ensure that time is reported.

Early Childhood Education substitute teachers who become ill after reporting to a school site and request to leave before the assignment day ends may request to use hours equivalent to the portion of the day that remains. Form No. 60.ILL must be submitted following the directions outlined above.

Adult Education Substitutes

Adult Education substitute teachers may request to use their illness benefit by declining a call from the requesting school site and by completing and submitting the Certification/Request of Absence for Illness, Family Illness, New Child form (Form No. 60.ILL) to the requesting school site as soon as practicable to ensure timely payroll reporting. Form No. 60.ILL may be obtained online at <https://www.lausd.org/Page/1083>. In addition, school office personnel will be required to make the forms available to substitute teachers. Once an Absence Request form is

received, the requesting school site will verify that the substitute received a call on that date and ensure that time is reported and certified. Mandatory paid sick days shall be reported under the time reporting code Substitute/Temporary Absence (SBTM).

Adult Education substitute teachers who become ill after reporting to a school site and request to leave before the assignment day ends may request to use hours equivalent to the portion of the day that remains. Form No. 60.ILL must be submitted following the directions outlined above.

K-12, Early Education, and Adult Education Extended Substitutes, Professional Experts and Return Retirees

Illness time for substitute teachers in extended assignments, of 21 days or more, professional experts and return retirees must be reported by the school or office at which the employee is assigned. Prior to entering time, time reporters must be in receipt of a Certification/Request of Absence for Illness, Family Illness, New Child form (Form No. 60.ILL) for each substitute employee, professional expert or return retiree requesting paid sick leave. Mandatory paid sick days shall be reported under the time reporting code Substitute/Temporary Absence (SBTM). Please report the appropriate hours by the deadline established on the Cut-Off and Pay Dates for CATS Time Reporting payroll calendar.

Time records for certificated substitute teachers in extended assignments, professional experts and return retirees will be approved by the administrator at the assigned location.

Classified Day to Day Substitutes

A substitute or temporary employee may request to use their illness benefit by completing and submitting the Certification/Request of Absence for Illness, Family Illness, New Child form (Form No. 60.ILL) to the Classified Employment Services Branch as soon as practicable to ensure timely payroll reporting. The completed form may be faxed to the Classified Employment Services Branch (213) 241-6808 or may be scanned and emailed to classifiedpersonnel@lausd.net. Form No. 60.ILL may be obtained online at <http://achieve.lausd.net/Page/1083>. In addition, school office personnel will be required to make the forms available to substitute and temporary employees. Once an Absence Request form is received, Personnel Commission staff will verify that the substitute received a call from SmartFindExpress on the requested date and ensure that time is reported. Employees may contact the time reporter at (213) 241-6337 to check the status of their request.

Classified Long Term Substitutes

Substitutes assigned to a site for more than five (5) days may submit the Certification of Absence Request Form to the time reporter at the site.

Substitutes who become ill after reporting to a school site and request to leave before the assignment day ends may submit a request to the timekeeper to use hours equivalent to the portion of the day that remains. Form No. 60.ILL must be submitted following the directions outlined above.

Time records for substitutes on long term assignments will be approved by the administrator at the assigned location.

Part-Time, Unclassified Employees (Includes Beyond the Bell, LA's BEST, School-Based Employees)

A part-time, unclassified employee may request to use their illness benefit by completing and submitting the Certification/Request of Absence for Illness, Family Illness, New Child form (Form No. 60.ILL) to the school or office at which the employee is assigned. Form No. 60.ILL may be obtained online at <http://achieve.lausd.net/Page/1083>. In addition, school office personnel will be required to make the forms available to part-time, unclassified employees. Once an Absence Request form is received, the time reporter will review, submit to the administrator for approval and ensure that time is reported. For procedures regarding time reporting of illness for part-time, unclassified employees, please refer to additional information within this Reference Guide.

Employees

As an eligible employee, following the instructions outlined below will enable the timekeeper and time approver to perform the functions necessary to facilitate timely compensation.

1. Follow the procedures as outlined in prior sections for notification purposes according to your classification; certificated, classified or unclassified.
2. Complete the Certification/Request of Absence for Illness, Family Illness, New Child form (Form No. 60.ILL).
3. When completing Form No. 60.ILL, mark/select A under #3 for the appropriate type of leave.
4. Form No. 60.ILL can be found at <https://www.lausd.org/Page/1083>
5. Submit Form No. 60.ILL to the applicable office or site as outlined in prior sections according to your classification; certificated, classified or unclassified.

6. Verify or view the status of hours reported and approved via the Time Statement and/or viewing the Online Pay Stub by logging into the LAUSD Employee Self Service website at <https://selfservice.lausd.net>.
7. Print the payroll calendar that is most applicable; Certificated (CE), Classified (CL) or Semi-Monthly (SM).
8. Be mindful of the payroll cut-off deadlines and the date in which forms are submitted to the applicable office or site. Hours that are reported by the timekeeper and approved by the administrator for each payroll area deadline (CE, CL, SM) will be paid according to the designated calendar pay dates; no exceptions.

Timekeepers

As the timekeeper, following the instructions outlined below will help eligible employees receive timely compensation.

1. School and office personnel are required to make Form No. 60.ILL available to substitute and temporary employees.
2. Must be in receipt of a completed and administrator acknowledged Form No. 60.ILL for each employee requesting paid sick leave prior to time entry.
3. Use the four-character time entry absence code "SBTM" which is an abbreviation for Substitute/Temporary Absence.
4. Verify employee eligibility and available SBTM balance.
5. Time report the appropriate hours by the deadline established on the Cut-Off and Pay Dates for CATS Time Reporting payroll calendar.
6. The allocation of funds used to report the absence time code SBTM has been established and will automatically default with funding line information for eligible employees.
7. Maintain the records substantiating the time reported to Payroll Administration for five years.
8. Failure to report the time and have it approved by 6:00 p.m. per the payroll deadline, will delay compensation to employees.

Time Approvers

As the administrator and time approver, following the instructions outlined below will help eligible employees receive timely compensation.

1. Authorize by signing the Administrator/Supervisor's acknowledgement on the employee submitted Certification/Request of Absence for Illness, Family Illness, New Child form (Form No. 60.ILL). A request to use mandatory paid sick leave cannot be denied.
2. Time approve the appropriate hours by the deadline established on the Cut-Off and Pay Dates for CATS Time Reporting payroll calendar.

3. Failure to approve the time by 6:00 p.m. per the payroll deadline, will delay compensation to employees.

**RELATED
RESOURCES:**

BUL-6529.1, Legally-Mandated Paid Sick Leave for Eligible Employees issued on August 3, 2015 -
<https://my.lausd.net/webcenter/wccproxy/d?dID=37216>

Access e-Library at <http://my.lausd.net/>

Payroll Calendars:

The 2024-2025 payroll calendars for Certificated (CE), Classified (CL), Semi-Monthly (SM) and Cut-Off and Pay Dates for CATS Time Reporting as seen below can be found on the Calendar/Time Cards section on the Payroll Administration website at <https://www.lausd.org/payroll>. Payroll calendars are posted to the Payroll Administration website every fiscal year.

ATTACHMENTS: Attachment A – Sample Certification/Request of Absence For Illness, Family Illness, New Child form (Form No. 60.ILL)

When completing the Certification/Request of Absence For Illness, Family Illness, New Child form (Form No. 60.ILL), mark/select A under #3 for the appropriate type of leave as seen in ATTACHMENT A:

A) My personal Illness/Injury/Disability/Medical Appointment/Accident

ASSISTANCE: For assistance or further information please contact the following offices:

Office	Telephone
Certificated Substitute Unit	(213) 241-6117
Certificated Early Childhood Education Unit	(213) 241-2404
Adult Education Unit	(213) 241-4953
Classified Assignments	(213) 241-6337
Beyond the Bell	(213) 633-3535
Payroll Administration	(213) 241-2570

LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

Los Angeles Unified School District

CERTIFICATION/REQUEST OF ABSENCE FOR ILLNESS, FAMILY ILLNESS, NEW CHILD

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

1. Starting date of absence: ____/____/____ Last date of absence (expected): ____/____/____
 Mo. Day Yr. Mo. Day Yr.

2. Total time (expected) of absence: ____ days; ____ hours. ☐ AM ☐ PM

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 Family and Medical Leave Act ("FMLA") and/or the California Family Rights Act ("CFRA"). You may request protection if the absence is covered under the qualifying conditions. LAUSD may also, on its own, designate an absence/leave as FMLA/CFRA, if the absence meets legal requirements.

☐ **A) My Personal Illness/Injury/Disability/Medical Appointment/Accident**

☐ B) My Occupational Illness/Injury or Act of Violence

☐ C) My Pregnancy-related Illness/Disability..... ☐ Paid ☐ Unpaid

☐ D) Parental Leave (Birth of a child/Newly adopted/New foster care)..... ☐ Paid ☐ Unpaid

☐ E) Illness/Injury/Disability/Accident-My Family Member (relation _____)
☐ Personal Necessity ☐ Kin-Care

NOTE: Absences "A" through "D" may qualify as Illness leave; "D", and "E" as Personal Necessity; "E" may also be Kin-Care.

FMLA/CFRA INFORMATION

4. Is the absence due to a "serious health condition" (see separate FMLA form for Definitions)..... ☐ Yes ☐ No
 Note: To confirm serious health condition, you are required to return "FMLA Certification of Health Provider within 15 calendar days

5. Do you request FMLA/CFRA protections for serious health condition or other qualifying reason? ☐ Yes ☐ No
 (See District website or your supervisor for FMLA facts)

IMPORTANT LAUSD INFORMATION

'Physician Statement' is required if absence is over 5 consecutive days or if required by Administrator under LAUSD Rules. 'FMLA Certification of Health Care Provider' is required if FMLA/CFRA protections are being requested for serious health condition. Birth certificate or legal documentation is required for birth of a child/newly adopted/new foster care.

6. 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 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): _____

I
L
L
N
E
S
S