



# LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

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

**NUMBER:** BUL-1205.7

**ISSUER:** Dawn Watkins, Chief Risk Officer  
Division of Risk Management & Insurance Services

**DATE:** March 27, 2023

**ROUTING**  
All Employees  
All Locations

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

**MAJOR CHANGE:** The District is committed to continued compliance with FMLA, CFRA, and PDL. This Bulletin replaces BUL-1205.6 of the same title, dated March 14, 2022. The content has been revised to reflect changes to the California Family Rights Act (CFRA) Government Code Section 12945.2, which became effective January 1, 2023. The major change expands the definition of family members to include a designated person.

Additionally, Form FMLA-7 Complete and Sufficient Certification Notice has been discontinued. Administrators and/or designees shall no longer utilize FMLA- 7 Complete and Sufficient Certification Notice when designating FMLA.

**GUIDELINES:** The following guidelines apply:

## **I. ELIGIBILITY**

To be eligible for FMLA and/or CFRA leave, a full-time or part-time employee must satisfy two requirements: Twelve (12) months of service and 130 workdays or 1250 work hours (hereafter referenced as worktime).

- A. Months of Service: Employees must be employed with the District for at least 12 months (52 weeks). The 12 months of service do not need to be consecutive. However, employment at any time prior to a break in service of seven (7) or more years is not counted, except for a break in service caused by a military service obligation; and
- B. Worktime: Employees must work at least 130 equivalent workdays (or 1,250 hours for Unit A, E, G, and Classified Substitute employees) in the 12-month period immediately prior to the first day of leave.
  - i. Workdays are defined as the sum of deadhead (DH), miscellaneous (MS), miscellaneous natural disaster (MSND), professional



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development (PD), regular (RG), and z-time wage types divided by the employee's daily assigned hours.

- ii. For units A, E, G, and Classified Substitutes only, hours worked are defined as the sum of the aforementioned wage types with the addition of overtime (OT) and auxiliary assignment (AA).

- C. If an employee is ineligible for FMLA and/or CFRA leave at the start of a leave because the employee has not met the months of service requirement, then the employee may nonetheless still meet this requirement while on leave. Time spent while on leave will not count towards the 130 workdays requirement (or 1,250 hours) for purposes of eligibility.

To be eligible for PDL, employees must be employed by the District.

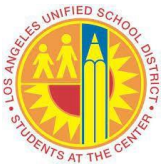
- A. There is no minimum service or worktime requirement for PDL.
- B. Employees, who continue to be disabled after exhausting eighteen (18) workweeks of PDL, may be entitled to take 12 workweeks of protected time under FMLA and/or CFRA, if eligible.

## II. REASONS FOR LEAVE

An eligible employee's FMLA leave entitlement is limited to a total of 12 workweeks during any 12-month period measured forward for one or more of the following reasons:

- A. Birth of an employee's child. 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. Bonding 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, including incapacity due to pregnancy, childbirth, or related medical conditions, that makes the employee unable to perform one or more essential functions of the employee's job.
- D. To care for an employee's child, parent, or spouse, who has a serious health condition, including incapacity due to pregnancy, childbirth, or related medical conditions. (See Related Definitions.)
- E. Any qualifying exigency related to the covered active duty or call to covered active duty of the employee's spouse, child, or parent in the United States Armed Forces.

An eligible employee's FMLA Servicemember leave entitlement is limited to a total of 26 workweeks during any 12-month period measured forward for the following reason:



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

An eligible employee's CFRA leave entitlement is limited to a total of 12 workweeks during any 12-month period measured forward for one (1) or more of the following five (5) reasons:

- A. Birth of an employee's child. 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. Bonding must be completed within one year of the child being placed with the employee.
- C. To care for the employee's own serious health condition that makes the employee unable to perform one or more essential functions of the employee's job.
- D. To care for an employee's spouse, domestic partner, child, parent, grandparent, grandchild, sibling, or designated person who has a serious health condition, including incapacity due to pregnancy, childbirth, or related medical conditions. (See Definitions)
- E. Any qualifying exigency related to the covered active duty or call to covered active duty of the employee's spouse, domestic partner, child, or parent in the United States Armed Forces.

An eligible employee's PDL leave entitlement is limited to a total of 18 workweeks per pregnancy for the following reason:

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

### **III. CERTIFICATION: MEDICAL, QUALIFYING EXIGENCY, AND EVIDENCE OF RELATIONSHIP**

Employees who request FMLA and CFRA leave for their own or a covered family member's serious health condition must submit a "Health Care Provider Certification" (See form FMLA-1) within 15 calendar days of the request. The form must be complete and sufficient in order for FMLA and CFRA to be approved.

Employees who request FMLA and CFRA for a qualifying military exigency leave must submit a "Certification of Qualifying Exigency" (See form FMLA-9)



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within 15 calendar days of the request. The form must be complete and sufficient in order for FMLA and CFRA to be approved.

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

Employees who request PDL leave for their own pregnancy-related disability must submit a “Health Care Provider Certification” (See form FMLA – 1) within 15 calendar days of the request. The form must be complete and sufficient in order for PDL to be approved.

If the Health Care Provider Certification, Certification of Qualifying Exigency, and/or the Evidence of Relationship is incomplete and/or insufficient, the employee will be notified of the deficiencies in writing and given seven (7) calendar days to correct the deficiencies.

At the time the Site Administrator or Designee requests the Health Care Provider Certification, Certification of Qualifying Exigency, and/or the Evidence of Relationship the employee shall be advised of the anticipated consequences for failing to provide adequate certification.

#### IV. **RECERTIFICATION**

District employees must recertify FMLA and CFRA certification on an annual basis. If the certification form indicates that the minimum duration of the condition and the amount of leave needed is less than a year, then recertification is required when the duration of the condition and leave ends if the employee still warrants a need to continue their leave.

#### V. **DURATION OF FMLA, CFRA, AND PDL LEAVE**

A. FMLA and CFRA leave entitlement are limited to a total of 12 workweeks in a 12-month period measured forward from the date of the first FMLA and/or CFRA qualifying reason for leave.

- i. Based on a default work schedule of five (5) days per week, 12 workweeks is the equivalent of 60 workdays.
- ii. An employee scheduled less than 5 workdays per week is entitled to the number of workdays equal to 12 workweeks multiplied by the number of workdays scheduled per week.
- iii. CFRA and FMLA leave run concurrently. The 12-month period during which 12 workweeks of protection are taken shall run concurrently when the qualifying reason(s) for both FMLA and CFRA leave is the same (See Reasons for Leave).



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B. FMLA Servicemember leave entitlement is limited to a total of 26 workweeks in a 12-month period measured forward from the date of the first FMLA-qualifying reason for leave.

- i. Based on a default work schedule of five (5) days per week, 26 workweeks is the equivalent of 130 workdays.
- ii. An employee scheduled less than 5 workdays per week is entitled to the number of workdays equal to 26 workweeks multiplied by the number of workdays scheduled per week.
- iii. The 12-month period during which FMLA Servicemember leave may be taken may not exceed 26 workweeks of entitlement, including any other FMLA-qualifying reason(s) for leave.
- iv. For example, if an employee takes 12 workweeks of FMLA leave for his/her own serious health condition and subsequently requires a Servicemember leave, the employee's entitlement is limited to an additional 14 workweeks of FMLA leave.

C. PDL leave entitlement is limited to a total of four (4) months, which the District defines as 18 workweeks, per pregnancy measured forward from the date of the first PDL-qualifying reason for leave.

- i. Based on a default work schedule of 5 days per week, 18 workweeks are equivalent to 90 workdays.
- ii. An employee scheduled less than 5 workdays per week is entitled to the number of workdays equal to 18 workweeks multiplied by the number of workdays scheduled per week.

D. FMLA, CFRA, and/or PDL may be taken intermittently or as a reduced work schedule.

- i. Intermittent FMLA, CFRA, and/or PDL is leave taken in separate blocks of time due to a single qualifying reason.
- ii. A reduced schedule of FMLA, CFRA, and/or PDL leave involves a temporary change to an employee's daily assigned number of working days per week and/or hours per day (work schedule).
  1. There must be a medical need for FMLA, CFRA, and/or PDL which can best be accommodated through an intermittent or reduced schedule leave.
  2. A minimum leave duration of two (2) workweeks is required for bonding leave under FMLA and CFRA
    - a. District employees are allowed up to 2 occasions to take a bonding leave under FMLA and CFRA of less than 2 workweeks.
    - b. The District does not allow employees to take bonding leave under FMLA and CFRA as half days or a reduced work schedule.



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## VI. RELATED DEFINITIONS

- A. **Child (CFRA):** Biological, adopted, or foster child, a stepchild, a legal ward, child of a domestic partner, or a person to whom the employee stands in loco parentis.
- B. **Designated Person (CFRA Only):** Any individual related by blood or whose association with the employee is the equivalent of a family relationship. District employees are limited to one designated person per 12-month period. The designated person may be identified by the employee at the time the employee requests a leave for family care, medical, bereavement, and/or kin care.
- C. **Domestic Partner (CFRA Only):** A registered domestic partner within the meaning of California Family Code sections 297 through 297.5.
- D. **Essential Functions:** The fundamental job duties of the class description or employment position as defined in California Government Code 12926.
- E. **Family Care Leave:** Leave for the birth or the placement of a child through adoption or foster care with an employee or to care for a child, parent, spouse, domestic partner (CFRA only), grandparent (CFRA only), grandchild (CFRA only), or sibling (CFRA only) of the employee who has a serious health condition.
- F. **Grandchild (CFRA Only):** Child of the employee's child.
- G. **Grandparent (CFRA Only):** Parent of the employee's parent.
- H. **Health Care Provider:** A licensed physician, surgeon, osteopathic physician or surgeon, podiatrist, dentist, clinical psychologist, optometrist, chiropractor (limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X- ray), nurse practitioner, nurse midwife, clinical social worker, physician assistant, or a Christian Science Practitioner listed with the First Church of Christ, Scientist in Boston, Massachusetts.
- I. **Incapacity:** An inability to work, attend school, or perform other regular activities due to a serious health condition, treatment thereof, or recovery therefrom.
- J. **In loco parentis:** A type of relationship in which a person has put themselves in the situation of a parent by assuming and discharging the obligations of a parent to a minor child, including persons with day-to-day responsibilities to care for or financially support a minor child.
- K. **Intermittent Leave:** Leave taken in separate periods of time due to a serious health condition, rather than one continuous period of time.
- L. **Medical Leave:** Leave for an employee's own serious health condition that makes the employee unable to work at all or unable to perform any one or more of the essential job functions of the employee's position (job).





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- M. **Next of Kin (FMLA Servicemember Leave Only):** Nearest blood relative other than the covered servicemember's spouse, parent, son, or daughter.
- N. **Parent:** Biological, adoptive, step or foster father or mother, parent-in-law (CFRA only), or any other individual who stood in loco parentis to the employee when the employee was a son or daughter as defined below.
- O. **Pregnancy Disability Leave (PDL):** Leave up to four (4) months (18 workweeks) taken for disability on account of pregnancy, childbirth, or a related medical condition.
- P. **Reduced Work Schedule:** A leave schedule that reduces the employee's usual number of working hours per week, or hours per workday for a period of time.
- Q. **Regimen of Continuing Treatment:** In-person treatment by a health care provider on at least one occasion within seven days of the first day of incapacity, which results in continuing treatment under the supervision of the health care provider.
- R. **Serious Health Condition:** An illness, injury (including, but not limited to, on-the-job injuries and pregnancy), impairment, physical, or mental condition that involves inpatient care or a regimen of continuing treatment by a health care provider.
- S. **Sibling:** A person related to another person by blood, adoption, or affinity through a common legal or biological parent.
- T. **Site Administrator:** The employee's immediate supervisor or the immediate supervisor's designee.
- U. **Son or Daughter/Child (FMLA):** Biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis who is either underage 18 or age 18 or older and "incapable of self-care because of a mental or physical disability."
- V. **Spouse:** Husband or wife. This definition includes an individual in a same-sex or common-law marriage entered into in a State that recognizes such marriages.
- W. **Treatment:** Includes, but is not limited to, examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye or dental examinations.

## VII. SITE ADMINISTRATOR RESPONSIBILITIES

- A. **Identify a Potential FMLA/CFRA and/or PDL Leave**  
FMLA, CFRA, and PDL regulations require that the District recognize an employee's need for FMLA, CFRA, and/or PDL protections.

The Site Administrator or Designee is responsible for providing required notifications and initiating eligibility checks.



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

## **B. Check Eligibility**

The Site Administrator or Designee shall determine if the employee is eligible for FMLA, CFRA, and/or PDL protections. (See Eligibility)

The Site Administrator shall give the employee the Notice of Employee Eligibility & Entitlement and Rights & Responsibilities (Form FMLA-2).

The notice must be provided in writing within five (5) business days of recognizing the need for FMLA, CFRA, and/or PDL. Verbal notice is insufficient.

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

## **C. Request Certification**

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

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

## **D. Designating a Leave**

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

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





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In all instances, the designation notice shall be given to the employee in writing within five (5) business days of receiving a complete and sufficient Health Care Provider Certification.

## E. **Track the Amount of FMLA, CFRA, and PDL Leave Used**

The Site Administrator or Designee is responsible for tracking and reporting all leaves taken for FMLA, CFRA, and PDL. The Site Administrator or Designee shall monitor leaves based on the frequency and duration of a continuous, intermittent, and/or reduced work schedule leave and identify the exhaustion/end date of FMLA, CFRA, and/or PDL entitlement. Upon the exhaustion of FMLA, CFRA, and/or PDL leave entitlement, an Exhaustion Notice (See FMLA-5) shall be given to the employee.

## F. **Maintain Documentation**

All certifications, re-certifications, evidence of relationship documents, and medical histories of employees or the employee's spouse, domestic partner, parent, child, grandparent, grandchild, sibling, designated partner, and son or daughter are subject to various privacy protections and must be confidentially maintained at the employee's work location.

All FMLA, CFRA, and/or PDL documentation relating to the employee or the employee's spouse, domestic partner, parent, child, grandparent, grandchild, sibling, and a designated person 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 leave paperwork must be submitted to the appropriate Human Resources department and a copy should be kept at the work location.

## VIII. **EMPLOYEE RIGHTS**

Employees will have the following rights while on paid or unpaid FMLA, CFRA, and/or PDL leave:

- A. Paid or unpaid FMLA, CFRA, and/or PDL leave will not constitute a break in service for the purposes of establishing longevity or seniority, or for layoff, recall, promotion, job assignment, or seniority-related benefits. Unpaid FMLA, CFRA, and/or PDL leave, however, is not treated as credited service time for permanency, retirement, or benefit accrual, vesting, and eligibility with CalSTRS or CalPERS.
- B. Maintenance of health benefits during any period of FMLA, CFRA, and/or PDL leave under the same conditions as if the employee had continued to work. If an employee goes into an unpaid status while on FMLA, CFRA, and/or PDL leave, the District will continue to pay its portion of the health benefits premiums. Employees who pay a portion of their health benefits premiums are required to continue to pay their portion of the health benefits premium regardless of their status (i.e., paid or unpaid).



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- C. Reinstatement to the same or equivalent position upon return from FMLA, CFRA, and/or PDL leave, subject to seniority rules in the event of layoffs in the employee's position. If the leave extends beyond the end of the employee's FMLA, CFRA, and/or PDL entitlement, the employee does not have return rights under FMLA, CFRA, and/or PDL. However, the employee may have rights under their respective Collective Bargaining Agreement and/or Personnel Commission Rules.

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

## **IX. EMPLOYEE RESPONSIBILITIES**

Employees will have the following responsibilities while on FMLA, CFRA, and/or PDL leave:

- A. Provide the Site Administrator with at least 30 days advance notice of when and how much FMLA, CFRA, and/or PDL leave is needed when the leave is foreseeable.
- B. When the need for leave is not foreseeable, the employee is expected to notify the Site Administrator as soon as practicable based upon the facts and circumstances.
- C. Comply with the usual and customary call-in and reporting procedures in accordance with their work location and Collective Bargaining Agreement.
- D. Once approved for a particular FMLA, CFRA, and/or PDL- qualifying leave reason, employees are required to reference that leave reason or the FMLA, CFRA, and/or PDL when reporting absences and/or requesting additional leave.  
In all instances, the employee is responsible for responding to questions from the Site Administrator or Designee to determine if the leave is FMLA, CFRA, and/or PDL-qualifying.
- E. Make a reasonable effort to schedule treatment so as not to disrupt District operations.
- F. Employees who pay a portion of their health benefits premiums are required to continue to pay their portion of the health benefits premium regardless of their pay status (i.e. paid or unpaid).
- G. An employee may be required to reimburse the District for health insurance premiums paid on behalf of the employee during their FMLA, CFRA, and/or PDL leave if the employee does not return to work following FMLA, CFRA, and/or PDL leave for a reason other than:



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1. The continuation, recurrence, or onset of a serious health condition that would entitle FMLA and CFRA leave;
2. The continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle the employee to FMLA and CFRA leave; or
3. Other circumstances beyond the employee's control.

## **X. COMPENSATION**

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

If the FMLA and CFRA leave is for the employee's own serious health condition the employee is required to use any available full-pay and half-pay illness and/or vacation time before going unpaid.

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

If the FMLA and/or CFRA leave is to care for the employee's spouse, domestic partner, parent, child, grandparent, grandchild, sibling, designated person, and son or daughter, the employee has the option to use Kin Care and is required to use any available Personal Necessity and vacation time. All other time is unpaid.

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

## **XI. NON-RETALIATION/PROTECTION FROM INTERFERENCE FMLA, CFRA, & PDL RIGHTS**

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

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

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



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

**RELATED RESOURCES:** Los Angeles Unified School District FMLA/CFRA website: <http://fmla.lausd.net>  
Collective Bargaining Agreements are located on the LAUSD “Labor Relations” website: <https://achieve.lausd.net/>  
From the LAUSD homepage go to “Office” then “Labor Relations”  
Personnel Commission Rules: <https://achieve.lausd.net/>  
From the LAUSD homepage go to “Office” then “Personnel Commission”  
United States Department of Labor, FMLA Regulations:  
<http://www.dol.gov/dol/topic/benefits-leave/fmla.htm>  
Civil Rights Department, California Pregnancy Disability Leave Act:  
<https://calcivilrights.ca.gov/>  
Civil Rights Department, CFRA Regulations: <https://calcivilrights.ca.gov/>  
California Employment Development Department, California Family Paid Family Leave: <https://www.edd.ca.gov>

**ATTACHMENTS:**

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

**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>



Health Care Provider Certification Form

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

SECTION I: For Completion by the SUPERVISOR

INSTRUCTIONS: Complete Section I and attach class description before giving this form to the employee. You may not ask an employee to disclose information other than what is permitted under the applicable regulations. Employers must maintain confidential leave records that document an employee's medical certifications/recertification, separately from the employee's personnel files.

Form with fields: School Site/Division, Supervisor/Administrator, Date, Employee Name, Employee #, Employee Job Title, Regular Work Schedule.

Supervisor should attach the class description.

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS: You are required to submit a timely, complete, and sufficient medical certification to support requests for informal and/or formal protected leaves of absence. Submittal of the medical certification is required by LAUSD in order to obtain and/or retain leave protections. This form should be completed and returned within 15 calendar days of your request. Failure to provide a complete and sufficient medical certification may result in the delay or denial of your request for a protected leave of absence.

RELEASE OF MEDICAL INFORMATION: I hereby authorize any physician/health care provider who has provided medical care regarding any condition related to this Health Care Certification Form to release any or all pertinent information and records to the Los Angeles Unified School District. DO NOT disclose a diagnosis. By signing this authorization below, I give my health care provider permission to respond to the District's requests to verify the authenticity of the information listed herein this Health Care Provider Certification.

Form with fields: Employee's Full Name, Employee's Signature, Date, Family Member's Name (If Applicable), Family Member's Relationship to Employee (If Applicable), Family Member's Signature (If Applicable), Date.

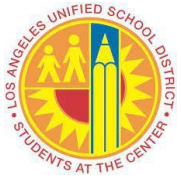
The Health Care Provider Certification shall be kept in a confidential file separate from the employee's regular personnel records at the employee's worksite.

Certificated Employees Only

If leave is for MORE THAN 20 CONSECUTIVE WORKING DAYS, a formal Leave of Absence (HR Form 1065) is required. Please forward both - HR Form 1065 and your Health Care Provider Certification to the appropriate personnel office:

- Early Childhood Education Unit, 333 S. Beaudry Ave, PH: 213.241.2404, 15th Floor, Los Angeles, CA 90017
Division of Adult and Career Education Personnel Unit, 333 S. Beaudry Ave, PH: 213.241.3150, 15th Floor, Los Angeles, CA 90017
Human Resources Administrative Assignments Unit, PH: 213.241.6365, PO Box 3307, Los Angeles, CA 90051
Human Resources Certificated Assignments & Support Services, PH: 213.241.5100, PO Box 3307 (Dept. S), Los Angeles, CA 90051

PLEASE SUBMIT ORIGINAL HEALTH CARE PROVIDER CERTIFICATION FORMS



Health Care Provider Certification Form

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

EE Name:
EMP #:

SECTION III: For Completion by the HEALTH CARE PROVIDER

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

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

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

1. Approximate date condition commenced:
Probable duration of condition:
2. Does the employee's medical condition qualify as a serious health condition? YES NO
3. If yes, check any/all definitions of serious health conditions below (A-F) that apply. (Detailed List Attached)
A. In-patient care in a hospital, hospice, or residential medical care facility:
B. Serious incapacity of more than 3 consecutive calendar days plus 2 treatments. If yes, the patient's first health care provider visit (in-person or tele med) is/was within the first 7 days of incapacity with:
C. Incapacity causing leave due to pregnancy or prenatal care:
D. Serious chronic condition causing incapacity and requiring treatments.
E. Serious permanent condition or serious long-term condition.
F. Multiple treatments for a serious health condition.
4. Answer question "A" based upon either the attached job description of the employee's essential functions or the employee's own description of his/her job functions, if the job description is not provided.
A. If this certification is to cover protected absence(s) (FMLA/CFRA/PDL) for the serious health condition of the employee, please answer the following:
B. If the certification is for the care of the employee's family member, please answer the following:
Answer questions 5 & 6 for a District formal Leave of Absence only.
5. Is the employee's medical condition work-related (Industrial Injury)? YES NO
6. Is the employee's medical condition a Permanent Disability (Leave of Absence only)? YES NO





LOS ANGELES UNIFIED SCHOOL DISTRICT
Health Care Provider Certification Form

EE Name:
EMP#:

Employee or Family Member Medical and/or Serious Health Condition

Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA), Pregnancy Disability Leave (PDL)

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

PART B: AMOUNT OF LEAVE NEEDED

1. Single Continuous Period of Time: Is it medically necessary for the employee to be absent from work due to the medical condition or serious health condition of the employee or family member? Yes No

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

Answer questions 2, 3, and/or 4 only if the employee requires leave on a reduced or intermittent basis.

2. Reduced Work Schedule Leave: Is it medically necessary for the employee to work less than the employee's normal work schedule due to the serious health condition of the employee or family member? Yes No

If yes, indicate the part-time or reduced work schedule. The employee should work no more than:

Hours per day; days per week; FROM THROUGH

Notes:

3. Medical Appointments or Treatment: Is it medically necessary for the employee to be absent from work for medical appointments and/or treatment due to the serious health condition of the employee or family member? Yes No

If yes, estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each, including any travel time and recovery period:

Frequency: times per week(s) OR month(s)

Duration: hour(s) OR day(s) per appointment/treatment

APPOINTMENTS/TREATMENT CERTIFICATION DURATION: FROM THROUGH

Notes:

4. Intermittent Leave: Is it medically necessary for the employee to be absent from work on an intermittent basis due to the serious health condition of the employee or family member? Yes No

If yes, based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may experience (e.g., 1 episode every 3 months lasting 1 -2 days):

Frequency: times per week(s) OR month(s)

Duration: hour(s) OR day(s) per episode

INTERMITTENT FLARE-UPS CERTIFICATION DURATION: FROM THROUGH

Notes:

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

Provider's Name as Health Care Provider

Type of Practice/Medical Specialty

License Number

Address

Zip Code

Phone

Fax

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

Original Signature:

Date:



**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
**Health Care Provider Certification Form**

ATTACHMENT A

EEName:  
EMP#:

Employee or Family Member Medical and/or Serious Health Condition

Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA), Pregnancy Disability Leave (PDL)

**Serious Health Condition**

**A. Hospital Care**

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

**B. Absence plus Treatment**

a. A period of incapacity of more than three (3) consecutive full calendar days (including any subsequent treatment or period of incapacity relating to the same condition) with the first visit taking place within the first 7 days of incapacity, 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 the 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).



Employee Eligibility and Entitlement & Rights and Responsibilities Notice

Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA)

Pregnancy Disability Leave (PDL), Paid Parental Leave (PPL)

SECTION I: For Completion by the SUPERVISOR

INSTRUCTIONS: Complete Section I and indicate the leave reason(s) under Part A before giving this notice to the employee.

School Site/Division

Table with 2 columns: Supervisor/Administrator, Date, Employee Name, Employee #

PART A – NOTICE OF ELIGIBILITY

You have notified the District of your need for a leave of absence from work. In addition to the leave policies set forth in any applicable collective bargaining agreement, if you are eligible, your leave also may qualify for protection under one or more of the following:

- Family and Medical Leave Act ("FMLA")
California Family Rights Act ("CFRA")
California Pregnancy Disability Leave (PDL)
California Education Code Paid Parental leave (PPL)

To be eligible for an FMLA and/or CFRA-protected leave, an employee must have worked for LAUSD for at least 12 months (52 weeks) at any time over the past seven years and have worked at least 130 workdays (or 1,250 hours for employees in Units A, G, and E and Classified Substitutes) in the twelve (12) months immediately preceding the leave.

To be eligible for PDL-protected leave, an employee simply needs to be employed by the District and disabled by pregnancy as indicated by the employee's health care provider. There is no service or worktime requirement.

To be eligible for PPL, an employee must have worked for LAUSD for at least 12 months (52 weeks) at any time over the past seven years and be either a classified or certificated employee. Substitute employees, temporary employees, unclassified employees, and employees who are neither classified nor certificated are not eligible for PPL.

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

In order to determine whether your leave qualifies as FMLA/CFRA/PDL leave, you must return a complete and sufficient medical certification and/or Evidence of Relationship (EOR) to your work location within fifteen (15) calendar days of receiving this notice.

Failure to provide a complete and sufficient medical certification and/or EOR may result in the delay or denial of your request for a protected absence and/or formal leave of absence. Unprotected leaves (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) working days, whether your leave will be designated as a protected leave and count towards your FMLA/CFRA/PDL leave entitlement.

Employee Responsibilities

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

- 1. Provide 30 days advance notice of the need to take FMLA/CFRA/PDL when the need is foreseeable.
2. When 30 days advance notice is not possible, provide notice as soon as practical.
3. Comply with your work location's normal call-in and reporting procedures.

4. Make a reasonable effort to schedule treatment so as not to disrupt operations.
5. Reference the leave reason or the FMLA/CFRA/PDL when reporting absences and/or requesting additional leave.  
In all instances, you are responsible for responding to questions from your Site Administrator to determine if the leave is FMLA/CFRA/PDL-qualifying.
6. You may be required to reimburse the District for health insurance premiums paid on your behalf while on FMLA/CFRA/PDL leave if you do not return to work following FMLA/CFRA/PDL leave for a reason other than:
  - A. Continuation, recurrence, or onset of a serious health condition that would entitle you to FMLA/CFRA leave;
  - B. Continuation, recurrence, or onset of a covered service member's serious injury or illness which would entitle you to FMLA/CFRA leave; or
  - C. Other circumstances beyond your control.

### **Employee Rights**

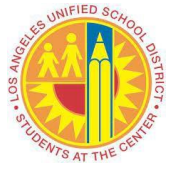
If your leave qualifies as FMLA/CFRA/PDL protected, you will have the following rights while on FMLA/CFRAPDL leave:

1. You have a right under FMLA/CFRA for up to twelve (12) workweeks of unpaid leave in a 12-month period calculated as the 12-month period measured forward from the date of your first FMLA/CFRA.
2. You have a right under PDL for up to eighteen (18) workweeks of unpaid leave per pregnancy from the date of your first PDL absence.
3. You have a right under FMLA for up to twenty-six (26) workweeks of unpaid leave in a single 12-month period to care for a covered military service member with a serious injury or illness.
  - A. This single 12-month period is measured forward from the first date of leave to care for a covered military service member. However, you are not entitled to more than twenty-six (26) workweeks in a 12-month period.
    - For example, if you take twelve (12) weeks of FMLA leave for your own serious health condition and subsequently require leave as a military caregiver, you are only entitled to fourteen (14) additional weeks of FMLA leave.
4. Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
5. You must generally be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA/CFRA/PDL-protected leave. However, a layoff that would have led to the separation of your employment if you had not taken an FMLA/CFRA/PDL-protected leave will still lead to the separation of your employment. (If your leave extends beyond the end of your FMLA/CFRA/PDL entitlement, you do not have return rights under FMLA/CFRA/PDL. However, you may have rights under your Collective Bargaining Agreement.)
6. If your FMLA/CFRA leave is for your own Serious Health Condition, you are required to use any available full-pay illness, half-pay illness, and vacation time before going unpaid.
7. If your FMLA/CFRA leave is to care for your family member, you have the option to use any available Kin Care and are required to use any available Personal Necessity and/or vacation time. All other time is unpaid. If you are receiving benefits under the California Paid Family Leave (PFL) program, however, you are not permitted to use vacation time.
8. If your leave is for disabilities related to pregnancy, childbirth, or related medical conditions under PDL, you may use any available full-pay illness, half-pay illness, and vacation time.
9. If your leave is for the purposes of bonding during the first year following the birth or placement of a child with the parent through adoption or foster care under PPL, you are required to use any available full-pay and half-pay illness. Employees who exhaust ALL illness pay and continue to be absent for the purposes of PPL are compensated at a rate of 50% of their regular salary for the remaining portion of the 12 workweeks.
10. If you do not meet the requirements for taking a paid leave, you may take an unpaid FMLA/CFRA/PDL-protected leave.

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

This letter was delivered via:

- Hand Delivered   
  Regular Postal Mail   
  Email   
  Certified: Postal Mail #: \_\_\_\_\_   
  Other: \_\_\_\_\_



Approval Designation Notice

Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA)
Pregnancy Disability Leave (PDL), Paid Parental Leave (PPL)

SECTION I: For Completion by the Supervisor

INSTRUCTIONS: Complete before giving this form to the employee.

School Site/Division

Table with 2 columns: Supervisor/Administrator, Date, Employee Name, Employee #

Your request has been reviewed along with any supporting documentation. Your protected leave (absence) request is approved based on your first leave of absence date. All leave (absences) taken for the reason(s) indicated below will be designated under FMLA, CFRA, PDL, and/or PPL, as appropriate.

Self:

- Checkboxes for: Your own serious health condition under FMLA and/or CFRA; Your own physical or mental condition related to pregnancy or childbirth under PDL with or without FMLA.

Family Member:

- Checkboxes for: The serious health condition, including incapacity due to pregnancy, of your spouse, child, or parent under FMLA and/or CFRA; The serious health condition, including incapacity due to pregnancy, of your registered domestic partner, grandparent, grandchild, designated person, or sibling under CFRA only.

Family Member Name: Relationship:

Bonding/Parental Leave:

- Checkboxes for: The birth of a child, or placement of a child with the employee for adoption or foster care, and to bond with the newborn or newly-placed child under FMLA and/or CFRA; To bond with the newborn or newly-placed child under Paid Parental Leave (PPL).

Child's Name: Date of Birth/Placement:

Military Exigency & Caregiver:

- Checkboxes for: A qualifying exigency arising out of the fact that your spouse, child, or parent is on covered active duty, and has been notified of an impending call or order to covered active duty with the US Armed Forces under FMLA and/or CFRA; A serious injury or illness of a covered servicemember where you are the Military Caregiver of your spouse, child, parent, or next of kin under FMLA only.

Family Member Name: Relationship:

- Bulleted list: FMLA and CFRA entitle you to up to 12 workweeks of job-protected time in a 12-month period measured forward from your first leave of absence date; PDL entitles you to up to 18 workweeks of job-protected time per pregnancy measured forward from your first leave of absence date; PPL entitles you to up to 12 workweeks of job-protected time in a 12-month period measured forward from your first leave of absence date; FMLA entitles you to up to 26 workweeks for Military Caregiver Leave of job-protected time in a 12-month period measured forward from your first leave of absence date.

Any paid leave for any reason(s) indicated above will count against your protected leave entitlement.

This letter was delivered via:

- Hand Delivered, Regular Postal Mail, Email, Certified: Postal Mail #, Other



Approval Designation Notice

Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA)
Pregnancy Disability Leave (PDL), Paid Parental Leave (PPL)

EE Name:
EMP #:

Based on the information you have provided to date; we are providing the following information about your eligibility period and the amount of time that will be counted against your leave entitlement:

Table with 2 columns: Current FMLA/CFRA Year: (Includes PPL) and From: Through:; You previously used: (weeks/days/hours) of protected time during the current FMLA year.

Current PDL Entitlement Start Date:
You previously used: (weeks/days/hours) of protected time during the current PDL entitlement.

Scheduled Leave

Provided there is no deviation from your anticipated leave schedule: FMLA/CFRA/PDL/PPL Days/Weeks:

Single Continuous Period of Time:

From: Through:

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

Hours per day Days per week; From Through

Unscheduled (Intermittent) Leave (Absence)

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

Time off for Medical Appointments or Treatment:

Frequency: Times per: Week(s) / or Month(s)
Duration: Hour(s) / or Day(s) per episode
CERTIFICATION DURATION: From: Through:

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

Frequency: Times per: Week(s) / or Month(s)
Duration: Hour(s) / or Day(s) per episode
CERTIFICATION DURATION: From: Through:

NOTES:

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





LOS ANGELES UNIFIED SCHOOL DISTRICT  
Designation Not Approved Notice

ATTACHMENT D  
EE Name:  
EMP #:

Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA)  
Pregnancy Disability Leave (PDL), Paid Parental Leave (PPL)

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

**INSTRUCTIONS:** Complete before giving this form to the employee.

School Site/Division \_\_\_\_\_

Supervisor/Administrator \_\_\_\_\_

Date \_\_\_\_\_

Employee Name \_\_\_\_\_

Employee # \_\_\_\_\_

Your request has been reviewed along with any supporting documentation. **Your protected leave request has NOT been approved based on your first leave of absence date of \_\_\_\_\_.** All leaves (absences) taken for the reason(s) indicated below will not be designated under FMLA, CFRA, PDL, and/or PPL, as appropriate. *(Check all that apply)*

**Eligibility:**

You did not meet the 12 months of employment with the District within the past seven (7) years eligibility requirement under FMLA, CFRA, and/or PPL.

Months of Service as of your first leave of absence date: \_\_\_\_\_.

You did not meet the 130 days worked (1250 hours worked for units A, E, & G and Classified Substitutes) in the 12 months immediately preceding your first leave of absence date eligibility requirement under FMLA/CFRA.

Days (Hours) Worked as of your first leave of absence date: \_\_\_\_\_.

Your FMLA, CFRA, and/or PPL Bonding/Parental Leave eligibility previously exhausted effective \_\_\_\_\_. Bonding/Parental Leave must be completed by your birth child's first birthday or the one-year anniversary of the placement date of your adopted or foster care child.

Child's Name: \_\_\_\_\_

Date of Birth/Placement: \_\_\_\_\_

**Certification:**

You either did not submit the required documentation to support FMLA/CFRA/PDL/PPL within 15 calendar days of receiving it or provide a reasonable explanation for the delay.

Health Care Provider Certification for your own serious health condition or a family member's serious health condition.

Evidence of Relationship for Bonding/Parental Leave.

Certification of Qualifying Exigency for Military Family Leave and/or Supporting Documentation.

Your absences in connection with this request will NOT be designated as job-protected effective: \_\_\_\_\_ and continuing until the date required documentation has been submitted for review.

Additional information is required to determine if your leave (absence) request is covered under FMLA/CFRA/PDL/PPL. **(You must provide the requested information listed under "Required Documentation" below no later than seven (7) calendar days from the receipt of this notice or provide a reasonable explanation for the delay or your request may be denied.)**

Health Care Provider Certification form provided is either incomplete and/or insufficient to determine whether FMLA/CFRA/PDL applies to your leave (absence) request.

Evidence of Relationship provided is either incomplete and/or insufficient to determine whether FMLA/CFRA/PPL applies to your leave (absence) request.

Certification of Qualifying Exigency form and/or supporting documentation provided is either incomplete and/or insufficient to determine whether FMLA/CFRA applies to your leave (absence) request.

Required Documentation: \_\_\_\_\_



**LOS ANGELES UNIFIED SCHOOL DISTRICT  
Designation Not Approved Notice**

**ATTACHMENT D**

EE Name:  
EMP #:

Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA)  
Pregnancy Disability Leave (PDL), Paid Parental Leave (PPL)

**Leave Reason:**

FMLA/CFRA/PDL/PPL does not apply to your leave request.

Request/Leave (Absence) Reason: \_\_\_\_\_

Leave (Absence) reasons covered under FMLA/CFRA/PDL/PPL:

- ✓ The birth of (or bonding with) your new child;
- ✓ Placement in your home of a new child by adoption or foster care;
- ✓ Your own serious health condition;
- ✓ Serious Health Condition of your covered family member that requires your participation and/or care;
- ✓ Military Exigency Leave; or,
- ✓ Military Servicemember (caregiver) Leave

**Entitlement:**

You previously exhausted your 12 workweeks of FMLA protection (26 workweeks of Military Caregiver leave) entitlement effective \_\_\_\_\_.

Your current FMLA Year is from: \_\_\_\_\_ through \_\_\_\_\_.

You previously exhausted your 12 workweeks of CFRA leave entitlement effective \_\_\_\_\_.

You previously exhausted your 18 workweeks of PDL leave entitlement effective \_\_\_\_\_.

You previously exhausted your 12 workweeks of PPL leave entitlement effective \_\_\_\_\_.

This letter was delivered via:

- Hand Delivered     Regular Postal Mail     Email     Certified: Postal Mail #: \_\_\_\_\_     Other: \_\_\_\_\_



Exhaustion of Protected Leave Notice

Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA)
Pregnancy Disability Leave (PDL), Paid Parental Leave (PPL)

SECTION I: For Completion by the Supervisor

INSTRUCTIONS: Complete before giving this form to the employee.

Form fields for School Site/Division, Supervisor/Administrator, Date, Employee Name, and Employee #.

The purpose of this notice is to advise you that you have exhausted your job-protected leave entitlement and/or eligibility as follows: (check all that apply)

Family Medical Leave Act (FMLA) provides up to 12 workweeks (26 workweeks for Military Caregiver) of job-protected leave for qualifying reasons in a 12-month period measured forward from an eligible employee's first absence date.

Your current FMLA Year is from: through.

Your 12 workweeks of leave entitlement exhausted as of and the protections afforded under FMLA have ended; and/or

Your 12 months of leave eligibility ended as of and the protections afforded under FMLA have ended.

California Family Rights Act (CFRA) provides up to 12 workweeks of job-protected leave for qualifying reasons in a 12-month period measured forward from an eligible employee's first leave of absence date.

Your current CFRA Year is from: through.

Your 12 workweeks of leave entitlement exhausted as of and the protections afforded under CFRA have ended; and/or

Your 12 months of leave eligibility ended as of and the protections afforded under CFRA have ended.

Pregnancy Disability Leave (PDL) provides up to 18 workweeks of job-protected leave per pregnancy measured forward from an eligible employee's first leave of absence date.

Your 18 workweeks leave entitlement exhausted as of and the protections afforded under PDL have ended.

Paid Parental Leave (PPL) provides up to 12 workweeks of paid, job-protected leave for qualifying reasons in a 12-month period. PPL must be completed by your birth child's first birthday or the one-year anniversary of the placement date of your adopted or foster care child.

Your current PPL Year is from: through.

Your 12 workweeks of leave entitlement exhausted as of and the protections afforded under PPL have ended; and/or

Your 12 months of leave eligibility ended as of and the protections afforded under PPL have ended.

Child's Name: Date of Birth/Placement:

This letter was delivered via:

- Hand Delivered, Regular Postal Mail, Email, Certified: Postal Mail #, Other.



LOS ANGELES UNIFIED SCHOOL DISTRICT

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

Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA) Pregnancy Disability Leave (PDL), Paid Parental Leave (PPL)

SECTION I: For Completion by the SUPERVISOR

INSTRUCTIONS: Complete Section I before giving this form to the employee. You may not ask an employee to disclose information other than what is permitted under the applicable regulations. Employers must maintain confidential leave records that document an employee's medical certifications/recertification and other documents, separately from the employee's personnel files.

School Site/Division

Supervisor/Administrator

Date

Employee Name

Employee #

SECTION II: Guidelines for the EMPLOYEE

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

Bonding Form/Certification

Description

Health Care Provider Certification of Birth

An original letter obtained from the birth mother's health care provider or hospital where the birth took place that includes the mother's name and the child's date of birth.

Birth Certificate

A copy of the certificate issued by the city or county office in which the child is born.

Foster care Placement Letter

A copy of the letter of foster care placement issued by the county or city department of social services or authorized voluntary foster care agency. New placement of foster care documentation must indicate the date the child was placed in your custody (home).

Adoption Placement Letter

A copy of the letter of adoption placement issued by the county or city department of social services or authorized adoption agency. New placement of adoption documentation must indicate the date the child was placed in your custody (home).

Court Documents of Adoption

A copy of the court document finalizing adoption or documentation in furtherance or court order finalizing adoption. New placement of adoption documentation must indicate the date the child was placed in your custody (home).

This letter was delivered via:

- Hand Delivered, Regular Postal Mail, Email, Certified: Postal Mail #, Other



**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
**Certification of Qualifying Exigency for Military Family Leave**  
 Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA)

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

**INSTRUCTIONS:** Complete Section I and attach the class description before giving this form to the employee. You may not ask an employee to disclose information other than what is permitted under the applicable regulations. Employers must maintain confidential leave records that document an employee’s medical certifications/recertification, separately from the employee’s personnel files.

School Site/Division	
Supervisor/Administrator	Date
Employee Name	Employee #
Employee Job Title	Regular Work Schedule

If leave is for 20 CONSECUTIVE WORKING DAYS OR LESS, this form will remain at the employee’s work location.

If leave is for MORE THAN 20 CONSECUTIVE WORKING DAYS, a District formal Leave of Absence is required and this form shall be forwarded (by the employee) to the appropriate personnel office, with a copy retained at the employee’s work location.

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

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

**INSTRUCTIONS:** You are required to submit a timely, complete, and sufficient certification to support requests for FMLA/CFRA due to a qualifying exigency. Several questions in this section seek a response as to the frequency and duration of the qualifying exigency. Be as specific as you can; terms such as “unknown,” or “indeterminate” are not sufficient to determine FMLA/CFRA coverage. Submittal of the medical certification is required by LAUSD in order to obtain and/or retain leave protections. **This form should be completed and returned within 15 calendar days of request.** Failure to provide a complete and sufficient certification may result in the delay or denial of your request for protected absences and/or formal Leave of Absence.

Employee’s Full Name	Date
Name of Military Member on Covered Active Duty or Call to Covered Active-Duty Status:	
Relationship of Military Member to Employee	
Military Member on Covered Active Duty Start Date	Military Member on Covered Active-Duty End Date

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

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



**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
**Certification of Qualifying Exigency for Military Family Leave**  
 Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA)

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

**PART A: QUALIFYING REASON FOR LEAVE**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

**PART B: AMOUNT OF LEAVE NEEDED**

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

If yes, estimate the beginning and ending dates for the period of leave FROM: \_\_\_\_\_ THROUGH \_\_\_\_\_

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

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

Frequency: \_\_\_\_\_ Times per: \_\_\_\_\_ Week(s) / or \_\_\_\_\_ Month(s)  
 Duration: \_\_\_\_\_ Hour(s) / or \_\_\_\_\_ Day(s) per episode

Notes: \_\_\_\_\_

**PART C: CONTACT INFORMATION**

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

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

**PART D: CERTIFICATION**

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

Employee's Signature	Date
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**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
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ATTACHMENT G

EE Name:

EMP #:

Qualifying Exigency Categories

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

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

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

- Certain activities arising from the military member's covered active duty related to the **care of the military member's parent** who is incapable of self-care, such as arranging for alternative care, providing care on a non-routine, urgent, immediate need basis, admitting or transferring a parent to a new care facility, and attending certain meetings with staff at a care facility, such as meetings with hospice or social service providers.  
**Note:** The employee taking FMLA/CFRA qualifying exigency leave does not need to be related to the military member's parent. However, (1) the military member must be the parent, spouse, son, or daughter of the employee taking FMLA/CFRA leave, and (2) the parent must be the parent of the military member (including an individual who stood in loco parentis to the military member when the member was a child).
- Making or updating **financial and legal arrangements** to address a military member's leave while on covered active duty, including preparing and executing financial and healthcare powers of attorney, enrolling in the Defense Enrollment Eligibility Reporting System (DEERS), or obtaining military identification cards.
- Attending **counseling** for the employee, the military member, or the child of the military member when the need for that counseling arises from the covered active duty of the military member and is provided by someone other than a health care provider.
- Taking up to 15 calendar days of leave to spend time with a military member who is on short-term, temporary **Rest and Recuperation** leave during deployment. The employee's leave, for this reason, must be taken while the military member is on Rest and Recuperation leave.
- Certain **post-deployment activities** within 90 days of the end of the military member's covered active duty, including attending arrival ceremonies, reintegration briefings and events, and other official ceremonies or programs sponsored by the military, and addressing issues arising from the death of a military member, including attending the funeral.
- Any other event that the employee and employer agree is a qualifying exigency.