



**LOS ANGELES UNIFIED SCHOOL DISTRICT
POLICY BULLETIN**

TITLE: Certification of Absence Forms

NUMBER: BUL-6307.5

ISSUER: Alma Peña-Sanchez, Chief of Staff
Office of the Superintendent

V. Luis Buendia, Controller
Accounting & Disbursements Division

DATE: April 2, 2018

ROUTING
All Offices and Schools
Administrators
Principals
Time Reporters
Risk Management

PURPOSE: The purpose of this bulletin is to advise administrators and time-reporters of the updated Certification of Absence Forms.

MAJOR CHANGES: This revision replaces Bulletin No. 6307.4 of the same subject issued on July 10, 2017. The updated forms replace Certification/Request of Absence for Illness, Family Illness, New Child (Form No. 60.ILL; 7/10/2017) and Certification/Request of Absence for Non-Illness (Form No. 60.NON-ILL; 7/10/2017). Form No. 60.ILL is a reissue to include the same revised date as Form No. 60.NON-ILL and the latter has been revised to include the options for Court Appearance, School Activity, and 1994 Vacation Bank Hours.

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

- A. Certification/Request of Absence for Illness, Family Illness, New Child (See Attachment A)

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

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



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

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

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

The types of absence are:

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



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

5. The Administrator/Supervisor Section addresses the following:

- a) Confirmation that FMLA supporting documentation has been received and is on file.
- b) Administrator/supervisor's acknowledgment/approval which requires the name and signature of supervisor.
- c) Approval/disapproval of the absence.

B. Certification and/or Request of Absence for Non-Illness (See Attachment B)

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

1. Employee Information section requires employee data as follows:

- a) Name
- b) Employee number
- c) Work location
- d) Job title
- e) Employee's telephone number

2. Reason for Absence section requires employee to provide absence data as follows:

- a) The starting date and last date of absence or expected last date of absence.
- b) The total time or expected total time of absence (days or hours).
- c) The selection of the type of absence. Time reporters may refer to the Payroll Concepts Manual for the appropriate time/pay codes.

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

The types of absence are:

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



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

- vi. Court Appearance
- vii. School Activity
- viii. Bereavement
- ix. Conference approved by the District
- x. Jury duty or appearance in court under order – *is an acknowledgment, but employee must provide the appropriate notification and documentation.*
- xi. Vacation – *For eligible regular classified and certificated “A” basis employees. This request is subject to approval only. The certification statement does not apply and no additional explanation is required. Employee has the option to request the usage of their regular accrued vacation or their 1994 Vacation Bank hours.*
- xii. Paid Vacation Parental Leave (Birth of a child/Newly adopted/New foster care) – *For eligible Classified or Certificated employees covered under the Paid Parental Leave. Employee has the option to request the usage of their regular accrued vacation or their 1994 Vacation Bank. Refer to 1994 Vested Vacation Bank job aid dated 10/1/2017 for available time codes.*
- xiii. Other absences – not specifically indicated above but provided in the collective bargaining agreement and PC Rules.

3. The Administrator/Supervisor Section addresses the following:

- a) Confirmation that FMLA supporting documentation has been received and is on file.
- b) Administrator/supervisor’s acknowledgment/approval which requires the name and signature of supervisor.
- c) Approval/disapproval of the absence.

C. Employee’s Signature (Authorization)

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

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

D. Time Reporter and Time Approver Responsibility

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



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

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

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

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

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

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

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

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

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



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

-
- RELATED RESOURCES:** Office of the General Counsel, Policy Bulletin No. BUL-6529.1, *Legally-Mandated Paid Sick Leave for Eligible Employees*
- Accounting and Disbursements Division, Reference Guide No. REF-6528.1, *Reporting Paid Sick Leave for Substitute/Temp Eligible Employees*
- Division of Risk Management & Insurance Services, Reference Guide No. REF- 6022.0, *“Family and Medical Leave Act/California Family Rights Act – Supervisors’ FMLA/CFRA Reference Guide*
- Division of Risk Management & Insurance Services, Policy Bulletin No. BUL-6861.0, *California Paid Parental Leave for Eligible District Employees*
- Accounting and Disbursements Division, Reference Guide No. REF-6874.0, *Reporting California Paid Parental Leave for Eligible District Employees*
- Payroll Concepts Manual dated February 1, 2017
- Attachment A – Certification and/or Request of Absence for Illness, Family Illness, New Child
- Attachment B – Certification and/or Request of Absence for Non-Illness
- ASSISTANCE:** For time reporting assistance or questions regarding 1994 Vacation Bank Hours and/or Protected Personal Necessity, contact Payroll Customer Services at (213) 241-2570 or by email at payrollsupport@lausd.net.
- For additional information and/or questions on Protected Personal Necessity, please contact the Absence Management Unit by calling 213-241-3954 or email staffattendance@lausd.net.



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

ATTACHMENT A

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.
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

Form No. 60.ILL; Reissued 10/1/2017

