



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

TITLE: Emergency Paid Sick Leave Act (EPSL) and Emergency Family and Medical Leave Expansion Act (FMLA+) Policy

ROUTING
All Locations

NUMBER: BUL-093900.0

ISSUER: Janice Sawyer, Interim Business Manager
Division of Risk Management and Insurance Services

DATE: June 8, 2020

PURPOSE: The purpose of this bulletin is to provide District employees with information and guidance concerning the Emergency Family and Medical Leave Expansion Act (FMLA+) and the Emergency Paid Sick Leave Act (EPSL) provisions under the Families First Coronavirus Response Act (FFCRA) and to inform employees of his/her rights and responsibilities for taking FMLA+ and EPSL.

MAJOR CHANGES: This is a new bulletin.

The Families First Coronavirus Response Act (FFCRA) was signed into law by the President of the United States on March 18, 2020. Effective April 1, 2020 and expiring on December 31, 2020, FFCRA includes the Emergency Family and Medical Leave Expansion Act (FMLA+) and the Emergency Paid Sick Leave Act (EPSL).

The District is committed to compliance with the federal Emergency Family and Medical Leave Expansion Act (FMLA+) and the Emergency Paid Sick Leave Act (EPSL) provisions under the Families First Coronavirus Response Act (FFCRA).

Beginning April 1, 2020 and expiring on December 31, 2020, in addition to leave reasons allowed under the Family and Medical Leave Act (FMLA) see BUL-1205.4, the District is required to provide an eligible employee a maximum of twelve (12) workweeks of protected leave during any defined 12-month period due to an inability to work (or telework) due to the care of a child under the Emergency Family and Medical Leave Expansion Act (FMLA+).

The time taken for leave reasons provided under the FMLA+ are included, not in addition to, the twelve (12) workweeks of entitlement for any other FMLA-qualifying leave reasons.

Beginning April 1, 2020 and expiring on December 31, 2020, in addition to other job-protected leaves, the District is required to provide up to 80 hours of paid sick leave for coronavirus-related reasons under the Emergency Paid Sick Leave Act (EPSL).



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Leave under EPSL can only be used for specified reasons, supersedes other leave forms for those specified reasons, does not accrue, and cannot be carried over.

Where there is a conflict between the provisions of FMLA+ and/or EPSL under FFCRA and any other job-protected leave provided by the District, the provision which provides the greater family or medical leave rights to the employee will prevail.

GUIDELINES:

I. Eligibility

Emergency Family and Medical Leave Expansion Act (FMLA+):

District employees who have been employed not less than 30 calendar days are eligible for FMLA+ leave.

An employee is considered to have been employed for at least 30 calendar days if the District had the employee on its payroll calendar for the 30 calendar days immediately prior to the day the employee's leave would begin.

Emergency Paid Sick Leave Act (EPSL):

District employees working full-time or part-time are eligible for EPSL leave.

II. Reasons for Leave

Emergency Family and Medical Leave Expansion Act (FMLA+):

Eligible and entitled employees may take FMLA+ leave when the employee is unable to work (or telework), if made available by the District, due to a need to care for the employee's son or daughter, if:

- A. The elementary/secondary school or place of care of employee's son or daughter has been closed due to a declared COVID-19 public health emergency; or
- B. The childcare provider of the employee's son or daughter is unavailable due to a declared COVID-19 public health emergency.

Emergency Paid Sick Leave Act (EPSL):

Eligible and entitled employees may take EPSL leave when the employee is unable to work (or telework), if made available by the District, for any of the following reasons:

- A. The employee is subject to a government (federal, state, local) quarantine or isolation order related to COVID-19;
- B. The employee has been advised by a health care provider to self-quarantine due to COVID-19;
- C. The employee is experiencing symptoms of COVID-19 and seeking medical diagnosis;
- D. The employee has a bona fide need to care for an individual who is subject to quarantine (pursuant to Federal, State, or local government order or advice of a health care provider) related to COVID-19;
- E. The employee is caring for his/her son or daughter whose elementary/secondary school or place of care has been closed, or the childcare provider of the son or daughter is unavailable, due to COVID-19 precautions; or



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- F. The employee is experiencing any other substantially similar conditions as specified by Secretary of Health and Human Services, in consultation with the Secretary of Treasury and the Secretary of Labor.

III. **Certification of Leave**

Employees who request FMLA+ and/or EPSL leave for any of the reasons specified under FFCRA must submit an Employee Certification (Form FFCRA-1), along with any required supporting documents, within 15 calendar days of the request. (See the “Reasons for Leave” section of this bulletin for more information.) The form must be complete and sufficient in order for FMLA+ and/or EPSL to be approved.

If the Employee Certification (Form FFCRA-1), along with any required supporting documents, is not complete and sufficient, 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 certification the employee shall be advised of the anticipated consequences of his or her failure to provide adequate certification.

IV. **Recertification of Leave**

If additional time for the current certification form is needed, either in duration of condition or amount of leave needed, the employee must provide a new completed certification form.

V. **Duration of Leave**

Emergency Family and Medical Leave Expansion Act (FMLA+):

FMLA, including FMLA+, leave entitlement is limited to a total of 12 workweeks in a 12-month period. The 12-month period is measured forward from the date of the first qualifying absence under FMLA or FMLA+. FMLA+ can be utilized between April 1, 2020 and December 31, 2020.

FMLA+ may be taken intermittently in any increment of time agreed by the Administrator/Supervisor and the employee.

FMLA+ is in addition to any other paid leave benefits provided by the District and supersedes other leave forms available for use to employees for specified reasons. (See “Reasons for Leave” section of this bulletin for more information.)

FMLA+ does not expand an eligible employee’s FMLA leave entitlement to greater than 12 workweeks (or 26 workweeks where applicable) during any 12-month period.

An employee who has otherwise exhausted FMLA leave during a 12-month period is not entitled to an additional 12 workweeks under FMLA+.

An employee who has exhausted FMLA entitlement may still be eligible for EPSL.

Emergency Paid Sick Leave Act (EPSL):

EPSL banks have no accrual or waiting period, are in addition to any other paid leave benefits provided by the District and supersede other leave forms available for use to employees for specified reasons. (See “Reasons for Leave” section of this bulletin for more information.)

EPSL banks for employees do not accrue beyond a maximum of 80 hours and



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cannot be carried over.

- A. Full-time employees are immediately entitled to up to 80 hours of EPSL leave over a two-week period.
 - EPSL requires an employee to be paid for hours the employee would have been normally scheduled to work even if that is more than 40 hours in a week.
 - In the event an employee is normally scheduled to work more than 40 hours in a week, the employee would receive his/her full scheduled hours for the first week and the remainder of the 80 hours the second week.
- B. Part-time employees are immediately entitled to EPSL leave based on the average number of hours worked during an average two-week period.

An employee may not take EPSL intermittently if the leave is taken for any of the reasons specified in Reasons for Leave, EPSL (A) through (D) and (F). (See “Reasons for Leave” section of this bulletin for more information.) Once the employee begins taking EPSL for one or more of such reasons, the employee must use the permitted days of leave consecutively until the employee no longer has a qualifying reason to take EPSL or leave entitlement exhausts.

EPSL taken to care for the employee’s son or daughter whose elementary/secondary school or place of care has been closed, or the childcare provider of the son or daughter is unavailable, due to COVID-19 precautions may be taken intermittently in any increment of time agreed by the Administrator/Supervisor and the employee.

Employees are not entitled to a bank of EPSL per qualifying-event, but rather one total bank of EPSL effective April 1, 2020 and expiring on December 31, 2020.

VI. Related Definitions

- A. **Expanded Family and Medical Leave:** Paid leave in addition to any other paid leave benefits provided by the District under the Emergency Family and Medical Leave Expansion Act (FMLA+) which can be utilized between April 1, 2020 and December 31, 2020.
- B. **FMLA/CFRA Leave:** Family care leave or medical leave that qualifies for up to 12 workweeks of FMLA/CFRA protections in a 12-month period measured forward from the eligible employee’s first absence date.
- C. **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.
- D. ***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.
- E. **Intermittent Leave:** Leave taken in separate periods of time due to a serious health condition, rather than one continuous period of time.
- F. **Serious Health Condition:** An illness, injury (including, but not limited to, on-



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the- job injuries and pregnancy), impairment or physical or mental condition that involves inpatient care or a regimen of continuing treatment by a health care provider.

- G. **Paid Sick Leave:** Paid leave in addition to any other paid leave benefits provided by the District under the Emergency Paid Sick Leave Act (EPSL).
- H. **Site Administrator:** The employee's immediate supervisor or the immediate supervisor's designee.
- I. **Son or Daughter:** Biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing *in loco parentis* who is under age 18 or an adult son or daughter (i.e., one who is 18 years of age or older), who (1) has a mental or physical disability, and (2) is incapable of self-care because of that disability.

VII. Site Administrator Responsibilities

A. **Identify a Potential FMLA+ and/or EPSL Absence**

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

An employee may be eligible for FMLA+ protections in the event the employee is unable to work (or telework), if made available by the District, due to:

- The elementary/secondary school or place of care of the employee's son or daughter has been closed due to a declared COVID-19 public health emergency; or
- The childcare provider of the employee's son or daughter is unavailable due to a declared COVID-19 public health emergency.

An employee may be eligible for EPSL protections in the event the employee is unable to work (or telework), if made available by the District, when the employee is:

- Subject to a government (federal, state, local) quarantine or isolation order related to COVID-19;
- Advised by a health care provider to self-quarantine due to COVID-19;
- Experiencing symptoms of COVID-19 and seeking medical diagnosis;
- Caring for an individual who is subject to governmental or self-quarantine due to COVID-19;
- Caring for his/her son or daughter if the elementary/secondary school or place of care has been closed, or the childcare provider of the is unavailable, due to COVID-19 precautions; or
- Experiencing any other substantially similar conditions as specified by Secretary of Health and Human Services, in consultation with the Secretary of Treasury and the Secretary of Labor.

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

B. **Check Eligibility**

The Site Administrator or Designee shall determine if the employee is eligible for FMLA+ and/or EPSL protections. (See the "Eligibility" section of this bulletin for more information.)

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



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Notice must be provided within five (5) working days of recognizing the need for FMLA+ and/or EPSL. Verbal notice is not sufficient.

If the employee does not meet the eligibility requirements, the Site Administrator or Designee shall give the employee the Designation Not Approved Notice (Form FFCRA-4). Notice must be provided within five (5) working days of determining the employee is not eligible for FMLA+ and/or EPSL.

C. **Request Certification**

If an employee has a qualifying FMLA+ and/or EPSL absence and is eligible for FMLA+ and/or EPSL 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 Employee Certification (Form FFCRA-1) if it has not been submitted by the employee at the time notice of the need for absence is provided. (See the “Certification of Leave” section of this bulletin for more information.)

D. **Designating an Absence**

Once the Site Administrator or Designee has reviewed the FMLA+ and/or EPSL Certification form and determined the absence is being taken for an FMLA+ and/or EPSL-qualifying reason, an Approval Designation Notice (Form FFCRA-3) shall be given to the employee.

If the FMLA+ and/or EPSL Certification form is not received, is incomplete, or is not for an FMLA+ and/or EPSL-qualifying reason, the Designation Not Approved Notice (Form FFCRA-4) shall be given to the employee.

In all instances, the designation notice shall be given to the employee within five (5) working days of the determination, absent extenuating circumstances.

E. **Track Amount of FMLA+ and/or EPSL Time Used**

12 workweeks (60 days) is the maximum entitlement for all FMLA-qualifying reasons, including FMLA+ within any FMLA Year. The only exception is Military Caregiver which allows a maximum of 26 workweeks (130 days) in a 12-month period.

Full-time employees are immediately entitled to up to 80 hours of ESPL leave over a two-week period.

Part-time employees are immediately entitled to EPSL leave based on the average number of hours worked during an average two-week period.

F. **Maintain Documentation**

All certifications, re-certifications and medical histories of employees or the employee’s son, daughter, parent, and spouse are subject to the various privacy protections and must be confidentially maintained.

All FMLA+ and EPSL documentation relating to the employee or employee’s son, daughter, parent, and spouse 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 paperwork must be submitted to the appropriate Human Resources department and a copy should be kept at the work location.



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VIII. Employee Rights

If the employee's leave qualifies for FMLA+ and/or EPSL, the employee will have the following rights while on FMLA+ and/or EPSL leave:

- A. Paid or unpaid FMLA+ and paid EPSL 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+ leave, however, is not treated as credited service time for permanency, retirement, or benefit accrual, vesting, and eligibility.
- B. Maintenance of health benefits during any period of FMLA+ and/or EPSL leave under the same conditions as if the employee had continued to work. If an employee goes into an unpaid status while on FMLA+ leave, the District will continue to pay its portion of the health benefits premiums. Employees who pay a portion of his/her health benefits premiums are required to continue to pay his/her portion of the health benefits premium regardless of his/her status (i.e., paid or unpaid).
- C. The District will make a reasonable effort to reinstate an employee to the same or equivalent position upon return from FMLA+ leave, subject to seniority rules in the event of layoffs in the employee's position.
If reasonable efforts fail, the District must make efforts to contact and reinstate the employee if an equivalent position becomes available within a one-year period beginning on earlier of:
 - Date on which the qualifying need related to a public health emergency concludes; or
 - Date that is 12 weeks after the date the employee's leave started.If the leave extends beyond the end of the employee's FMLA+ leave entitlement, the employee does not have return rights under FMLA+. However, the employee may have rights under his/her respective Collective Bargaining Agreement and/or Personnel Commission Rules.

IX. Employee Responsibilities

If an employee's leave qualifies as FMLA+ and/or EPSL, the employee will have the following responsibilities while on FMLA+ and/or EPSL leave:

- A. When the need for leave is foreseeable, the employee is expected to notify the Site Administrator as soon as practicable based upon the facts and circumstances.
- B. Comply with the usual and customary call-in and reporting procedures in accordance with his/her work location and Collective Bargaining Agreement.
- C. Once approved for a particular FMLA+ and/or EPSL leave reason, employees are required to reference that leave reason or the FMLA+ and/or EPSL when reporting absences and/or requesting additional leave.

In all instances, the employee is responsible for responding to questions from the Site Administrator to determine if the leave is FMLA+ and/or EPSL-qualifying.

- D. Make a reasonable effort to schedule treatment so as not to disrupt operations.
- E. Employees who pay a portion of his/her health benefits premiums are required to



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continue to pay his/her portion of the health benefits premium regardless of his/her pay status (i.e. paid or unpaid).

- F. An employee may be required to reimburse the District for health insurance premiums paid on behalf of the employee during his/her FMLA+ and/or EPSL leave if the employee does not return to work following FMLA+ and/or EPSL leave for a reason other than:
- The continuation, recurrence, or onset of a serious health condition which would entitle him or her to FMLA+ and/or EPSL leave; or
 - Other circumstances beyond the employee's control.

X. Compensation

Emergency Family and Medical Leave Expansion Act (FMLA+):

- A. An employee is entitled to FMLA+ leave if the employee is unable to work (or telework), if made available by the District, due to caring for his/her son or daughter whose elementary/secondary school or place of care has been closed, or the childcare provider is unavailable, due to COVID-19 precautions.
- The first ten (10) workdays of FMLA+ leave may be unpaid.
An employee may elect to substitute the unpaid portion (weeks one (1) and two (2)) of FMLA+ leave with EPSL, Personal Necessity, Kin Care, or vacation.
 - The remainder of FMLA+ leave must be paid at the rate of at least two-thirds of the employee's regular rate of pay.
 - i. Employees who work part-time/irregular schedules are entitled to a rate based on the average number of hours worked over a six (6) month period.
 - ii. Employees who have worked less than six (6) months are entitled to the average number of hours per day the employee normally would be scheduled to work.

Employees may elect to supplement an FMLA+ leave paid at two-thirds (2/3) of his/her regular rate of pay (weeks three (3) through twelve (12)) with, Personal Necessity, Kin Care and/or vacation.

Paid leave under FMLA+ is in addition to any other paid leave benefits provided by the District and supersedes other leave forms available for use to employees for specified reasons. (See "Reasons for Leave" section of this bulletin for more information.)

Pay under FMLA+ does not expand an employee's rights to compensation for other FMLA/CFRA-qualifying events.

Emergency Paid Sick Leave Act (EPSL):

- A. An employee is entitled to an EPSL leave paid at 100% of his/her regular rate of pay if they are unable to work (or telework), if made available by the District, due to:
- The employee being subject to a Federal, State, or local quarantine or isolation order due to concerns related to COVID-19;
 - The employee being advised by a health care provider to self-quarantine due to concerns related to COVID-19; or



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- The employee experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- B. An employee is entitled to an EPSL leave paid at two-thirds (2/3) of his/her regular rate of pay if they are unable to work (or telework), if made available by the District, due to:
- A bona fide need to care for an individual subject to quarantine (pursuant to Federal, State, or local order or advice of a health care provider) related to COVID-19;
 - Caring for his/her son or daughter whose elementary/secondary school or place of care has been closed, or the childcare provider is unavailable, due to COVID-19 precautions; or
 - Experiencing a substantially similar condition as specified by the Secretary of Health and Human Service, in consultation with the Secretaries of Treasury and Labor.

Paid leave under EPSL is in addition to any other paid leave benefits provided by the District and supersedes other leave forms available for use to employees for specified reasons. (See “Reasons for Leave” section of this bulletin for more information.)

Employees may supplement an EPSL leave paid at two-thirds (2/3) of his/her regular rate of pay with Personal Necessity, Kin Care and/or vacation.

XI. Non-Retaliation and Protection from Interference with FMLA+ and EPSL Rights

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

AUTHORITY: This is a policy of the Los Angeles Unified School District. This policy is established in accordance with the Families First Coronavirus Response Act.

RELATED RESOURCES: Los Angeles Unified School District Protected Leaves & Absences website:
<http://fmla.lausd.net>

Collective Bargaining Agreements are located on the LAUSD “Labor Relations” website:



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From the LAUSD homepage go to “Offices” then “Labor Relations”

Personnel Commission Rules:

From the LAUSD homepage go to “Offices” then “Personnel Commission”

United States Department of Labor, Wage and Hour Division (WHD) 29 CFR Part 826 RIN 1235-AA35 <https://www.federalregister.gov/documents/2020/04/06/2020-07237/paid-leave-under-the-families-first-coronavirus-response-act>

United States Department of Labor, COVID-19 and the American Workplace:
<https://www.dol.gov/agencies/whd/pandemic>

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 Protected Leaves & Absences website at <http://fmla.lausd.net>

FORMS:

1. Employee Certification of Need for FMLA+ and/or EPSL Form (Form FFCRA-1)
2. Employee Eligibility & Entitlement and Rights & Responsibilities Notice (Form FFCRA-2)
3. Approval Designation Notice (Form FFCRA-3)
4. Designation Not Approved Notice (Form FFCRA-4)
5. FFCRA Absence Certification Request form



Employee Certification of Need for EPSL and/or FMLA+
Families First Coronavirus Response Act (FFCRA)

Emergency Paid Sick Leave Act (EPSL), Emergency Family Member Medical Expansion Act (FMLA+)

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, separately from the employee's personnel files.

School Site/Division

Supervisor/Administrator

Date

Employee Name

Employee #

Employee Job Title

Regular Work Schedule

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS: You are required to submit a timely, complete and sufficient employee certification along with any required supporting documentation to substantiate requests for protected absences and/or formal Leaves of Absence. Submittal of the employee 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 employee certification along with any required supporting documentation may result in the delay or denial of your request for protected absences and/or formal Leave of Absence.

Please note that all existing certification requirements under the FMLA remain in effect if you are taking leave for one of the existing qualifying reasons under the FMLA. For example, if you are taking leave beyond the two weeks of EPSL leave because your medical condition for COVID-19-related reasons rises to the level of a serious health condition, you must continue to provide medical certification under the FMLA as specified under District policy. (See BUL-1205 for more information).

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.

EMPLOYEE CERTIFICATION FOR EMERGENCY FAMILY AND MEDICAL LEAVE EXPANSION ACT (FMLA+)

FMLA+; which is included in (NOT in addition to) FMLA, can be utilized 4/1/2020 - 12/31/2020.

- 1. I certify that I am unable to work (or telework) for the following reason:
A. I am caring for my son or daughter whose elementary/secondary school or place of care is closed, or childcare provider is unavailable due to a declared COVID-19 public health emergency.
Child's Name: Child's Age:
Name of School or Childcare Provider:
If the above-named child is older than fourteen (14), please state the circumstances that exist requiring you to provide care during daylight hours:
2. Date(s) I am requesting FMLA+ leave due to an inability to work (or telework) based on the above-named reason:
Leave Start Date: Leave End Date:
FMLA+ may be taken intermittently as agreed by the Administrator/Supervisor and employee.
3. I certify that no other person will be providing care for the above-named child during the period I am on FMLA+ leave.

Employee Signature: Date:

In order to substantiate your FMLA+ leave request, you are required to include documentation supporting your child's elementary/secondary school closure and/or childcare provider unavailability. Appropriate documentation includes, but is not limited to, a notice that has been posted on a government, school, or day care website, or published in a newspaper, or an email from an employee or school official of the school, place of care, or childcare provider.



Employee Certification of Need for EPSL and/or FMLA+

Families First Coronavirus Response Act (FFCRA)

Emergency Paid Sick Leave Act (EPSL), Emergency Family Member Medical Expansion Act (FMLA+)

SECTION II: For Completion by the EMPLOYEE, CONTINUED

EMPLOYEE CERTIFICATION FOR EMERGENCY PAID SICK LEAVE (EPSL)

Full-time employees are entitled to up to 80 hours of EPSL leave over a two-week period. Part-time employees are entitled to EPSL leave based on the average number of hours worked during an average two-week period. EPSL entitlement is NOT per qualifying event, but a **single bank effective 4/1/2020 and expiring 12/31/2020**.

1. I certify that I am unable to work (or telework) for one or more of the following reasons (check all that apply):
 - A. I am subject to a Federal, State, or local government quarantine or isolation order related to COVID-19.
 - o Name of the government agency: _____
 - B. I have been advised by a health care provider to self-quarantine for reasons related to COVID-19.
 - o Name of the health care provider: _____
 - C. I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
 - o Name of the health care provider: _____
 - D. I have a bona fide need to care for an individual who is subject to quarantine (pursuant Federal, State, or local government order advice of a health care provider) related to COVID-19.
 - o Employee Relationship to Individual: _____
 - o Name of the government agency or health care provider: _____
 - E. I am caring for my son or daughter whose elementary/secondary school or place of care is closed, or childcare provider is unavailable due to a declared COVID-19 public health emergency.
 - o Child's Name: _____ Child's Age: _____
 - o Name of School or Childcare Provider: _____
 - o If the above-named child is older than fourteen (14), please state the circumstances that exist requiring you to provide care during daylight hours: _____
 - F. I am experiencing any other substantially similar conditions as specified by Secretary of Health and Human Services, in consultation with the Secretaries of Treasury and Labor.
2. Date(s) I am requesting EPSL leave due to an inability to work (or telework) based on the above-named reason(s):
 - Leave Start Date: _____ Leave End Date: _____
 - Reason E ONLY may be taken intermittently as agreed by the Administrator/Supervisor and employee.
3. If request is to care for a minor son or daughter due to school closure or childcare provider unavailability:
 - I certify that no other person will be providing care for the above-named child during the period I am on ESPL leave. Employee Signature: _____

In order to substantiate your FMLA+ leave request, **you are required to include documentation** supporting your child's elementary/secondary school closure and/or childcare provider unavailability. Appropriate documentation includes, but is not limited to, a notice that has been posted on a government, school, or day care website, or published in a newspaper, or an email from an employee or school official of the school, place of care, or childcare provider.

Employee Signature: _____

Date: _____

This form will remain at the employee's site.



LOS ANGELES UNIFIED SCHOOL DISTRICT
Employee Eligibility and Entitlement & Rights and Responsibilities Notice
Families First Coronavirus Response Act (FFCRA)
Emergency Paid Sick Leave Act (EPSL) and Emergency Family Member Medical Expansion Act (FMLA+)

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

Supervisor/Administrator

Date

Employee Name

Employee #

PART A – NOTICE OF ELIGIBILITY

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

- Emergency Paid Sick Leave Rights Act (EPSL)
- Emergency Family and Medical Leave Expansion Act (FMLA+)

To be eligible for an EPSL protected leave, an employee must work full-time or part-time for the District.

To be eligible for an FMLA+ protected leave, an employee must have worked for the District for not less than 30 calendar days. An employee is considered to have been employed for at least 30 calendar days if the District had the employee on its payroll calendar for the 30 calendar days immediately prior to the day the employee's leave would begin.

PART B – RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA+ LEAVE and EPSL LEAVE

In order to determine whether your absence qualifies as EPSL and/or FMLA+ leave, you must return a complete and sufficient employee along with any required supporting documentation to substantiate a request to your worksite within fifteen (15) calendar days of receiving this notice.

Failure to provide a complete and sufficient employee certification along with any supporting documentation to substantiate a request may result in the delay or denial of your request for protected absences and/or formal Leave of Absence. Unprotected 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) business days, whether your leave will be designated as a protected leave and count towards your EPSL and/or FMLA+ leave entitlement.

Employee Responsibilities

If your leave qualifies as an EPSL and/or FMLA+ protected leave, you will have the following **responsibilities** while on EPSL and/or FMLA+ leave:

1. When the need for leave is foreseeable, the employee is expected to notify the Site Administrator as soon as practicable based upon the facts and circumstances.
2. Comply with the usual and customary call-in and reporting procedures in accordance with their work location and Collective Bargaining Agreement.
3. Once approved for a particular EPSL and/or FMLA+ leave reason, employees are required to reference that leave reason or the EPSL and/or FMLA+ when reporting absences and/or requesting additional leave.

In all instances, the employee is responsible for responding to questions from the Site Administrator to determine if the leave is FMLA+ and/or EPSL-qualifying.

4. Make a reasonable effort to schedule treatment so as not to disrupt operations.



LOS ANGELES UNIFIED SCHOOL DISTRICT
Employee Eligibility and Entitlement & Rights and Responsibilities Notice
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Emergency Paid Sick Leave Act (EPSL) and Emergency Family Member Medical Expansion Act (FMLA+)

5. 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).
6. An employee may be required to reimburse the District for health insurance premiums paid on behalf of the employee during their EPSL and/or FMLA+ leave if the employee does not return to work following EPSL and/or FMLA+ leave for a reason other than:
 - A. The continuation, recurrence, or onset of a serious health condition which would entitle him or her to EPSL and/or FMLA+ leave; or
 - B. Other circumstances beyond the employee's control.

Employee Rights

If your leave qualifies as an EPSL and/or FMLA+ protected leave, you will have the following **rights** while on EPSL and/or FMLA+ leave:

1. You have a right under FMLA for up to twelve (12) workweeks of leave in a 12-month period calculated as the 12-month period measured forward from the date of your qualifying absence.
 - A. 12 workweeks (60 days) is the maximum entitlement for all FMLA-qualifying reasons, including FMLA+, within any FMLA Year.
 - B. FMLA+ does not expand an eligible employee's FMLA leave entitlement to greater than 12 workweeks (or 26 workweeks where applicable) during any 12-month period.
 - C. An employee who has otherwise exhausted FMLA leave during a 12-month period is not entitled to an additional 12 workweeks under FMLA+.
 - D. An employee who has exhausted FMLA entitlement may still be eligible for EPSL.
2. Full-time employees are immediately entitled to up to 80 hours of EPSL leave over a two-week period. Part-time employees are immediately entitled to EPSL leave based on the average number of hours worked during an average two-week period.
 - A. EPSL entitlement is NOT per qualifying event, but a single bank effective 4/1/2020 and expiring 12/31/2020.
 - EPSL banks have no waiting period. EPSL banks for employees do not accrue beyond a maximum of 80 hours and cannot be carried over.
 - B. EPSL banks are in addition to any other paid leave benefits provided by the District.
 - C. An employee's right to take an EPSL leave supersedes other leave forms available for use by employees for specified reasons. (See "Reasons for Leave" section of the FFCRA bulletin.)
3. Your health benefits must be maintained during any period of leave under the same conditions as if you continued to work.
4. The District will make a reasonable effort to reinstatement an employee to the same or equivalent position upon return from FMLA+ leave, subject to seniority rules in the event of layoffs in the employee's position.

If reasonable efforts fail, the District must make efforts to contact and reinstate the employee if an equivalent position becomes available within a one-year period beginning on earlier of:

 - A. Date on which the qualifying need related to a public health emergency concludes; or
 - B. Date that is 12 weeks after the date the employee's leave started.

If the leave extends beyond the end of the employee's FMLA+ leave entitlement, the employee does not have return rights under FMLA+. However, the employee may have rights under their respective Collective Bargaining Agreement and/or Personnel Commission Rules.
5. If your FMLA+ absence is due to an inability to work (or telework) to care for your son or daughter whose elementary/secondary school or place of care has been closed, or the childcare provider is unavailable, due to COVID-19 precautions.
 - A. The first ten (10) workdays of FMLA+ leave may be unpaid. You may substitute EPSL, accrued illness, Personal Necessity, Kin Care, or vacation for the unpaid FMLA+ leave.



LOS ANGELES UNIFIED SCHOOL DISTRICT
Employee Eligibility and Entitlement & Rights and Responsibilities Notice
Families First Coronavirus Response Act (FFCRA)
Emergency Paid Sick Leave Act (EPSL) and Emergency Family Member Medical Expansion Act (FMLA+)

- B. The remainder of FMLA+ leave must be paid at the rate of at least two-thirds of your regular rate of pay. You may supplement FMLA+ leave benefits paid at two-thirds of your regular rate of pay with accrued illness, Personal Necessity, Kin Care, or vacation.
6. You are entitled to an EPSL leave paid at 100% of your regular rate of pay if you are unable to work (or telework) due to:
- A. Being subject to a Federal, State, or local quarantine or isolation order due to concerns related to COVID-19.
 - B. Being advised by a health care provider to self-quarantine due to concerns related to COVID-19.
 - C. Experiencing symptoms of COVID-19 and seeking a medical diagnosis.
7. You are entitled to an EPSL leave paid at two-thirds of your regular rate of pay if you are unable to work (or telework) due to:
- A. A bona fide need to care for an individual subject to quarantine (pursuant to Federal, State, or local order or advise of a health care provider) related to COVID-19.
 - B. Caring for your son or daughter whose elementary/secondary school or place of care has closed, or the childcare provider is unavailable, due to COVID-19 precautions.
 - C. Experiencing a substantially similar condition as specified by the Secretary of Health and Human Service, in consultation with the Secretaries of Treasury and Labor.
 - D. You may supplement EPSL leave benefits paid at two-thirds of your regular rate of pay with accrued illness, Personal Necessity, Kin Care, or vacation.

For a copy of 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:



LOS ANGELES UNIFIED SCHOOL DISTRICT

Approval Designation Notice

Families First Coronavirus Response Act (FFCRA)
Emergency Paid Sick Leave Act (EPSL), Emergency Family Member Medical Expansion Act (FMLA+)

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 #

We have reviewed your request for leave under EPSL and/or FMLA+ and any supporting documentation that you have provided. Your protected leave request is approved based on your first absence date of ... All leave (absences) taken for this reason will be designated as follows:

- EPSL entitles full-time employees to up to 80 hours of paid sick leave over a two-week period.
FMLA entitles you to up to 12 workweeks of job protected time in a 12-month period measured forward from your first absence date.
Any paid leave for any of the reasons indicated above will count against your protected leave entitlement.

Your current FMLA/CFRA year is From: ... Through: ...

You previously used: ... (days/hours) of protected time during the current protected absence year.

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

Provided there is no deviation from your anticipated leave schedule: EPSL and/or FMLA+ Days/Hours: ...

Single Continuous Period of Time:

From: ... Through: ...

Part-time or Reduced Schedule Work Hours (As mutually agreed upon by the Administrator/Supervisor and Employee):

Hours per day; Days per week; From ... Through ...

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 EPSL and/or FMLA+ entitlement at this time.

Intermittent Leave (As mutually agreed upon by the Administrator/Supervisor and Employee):

Frequency: ... Times per: ... Week(s) / or ... Month(s)

Duration: ... Hour(s) / or ... Day(s)

CERTIFICATION DURATION: From: ... Through: ...

1FMLA+ may be taken intermittently in any increment of time agreed by the Administrator/Supervisor and the employee.

2EPSL taken to care for the employee's son or daughter whose elementary/secondary school or place of care has been closed, or the childcare provider of the son or daughter is unavailable, due to COVID-19 precautions may be taken intermittently in any increment of time agreed by the Administrator/Supervisor and the employee.

3All other EPSL leave reasons must be taken consecutively until the earliest of employee no longer has an EPSL leave reason for leave or available benefits have exhausted.

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

This letter was delivered via:

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



LOS ANGELES UNIFIED SCHOOL DISTRICT

Designation Not Approved Notice

Families First Coronavirus Response Act (FFCRA)

Emergency Paid Sick Leave Act (EPSL), Emergency Family Member Medical Expansion Act (FMLA+)

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 #

We have reviewed your request for leave under EPSL and/or FMLA+ any supporting documentation that you have provided. Your protected leave request has NOT been approved based on your first absence date of _____ for the following reason(s):

- Checkboxes for reasons: You did not meet the EPSL/FMLA+ eligibility requirements, You hold a District Health Care Provider Classification position, You have exhausted your leave entitlement, You either did not submit the required documentation within 15 calendar days, EPSL does not apply to your leave request, FMLA+ does not apply to your leave request, Employee Certification for EPSL and/or FMLA+ form and/or supporting documentation provided is not complete and sufficient.

Other: _____

This letter was delivered via:

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

Los Angeles Unified School District

CERTIFICATION/REQUEST OF ABSENCE FOR FAMILIES FIRST CORONAVIRUS RESPONSE ACT

EMPLOYEE INFORMATION (Please Print)



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

REASON FOR ABSENCE

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

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

Emergency Paid Sick Leave (EPSL)

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

Emergency Family Medical Leave Expansion Act (FMLA+)

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

IMPORTANT LAUSD INFORMATION

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

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

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

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

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

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

Administrator/Supervisor's Acknowledgment/Approval:

Print Name _____ Signature _____ Date _____

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

Explanation (If No): _____

FFCRA