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 ☐ Yes ☐ 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):_____

ILLNESS