



Los Angeles Unified School District Protected Absence Process Guide

This process guide is provided for informational purposes to aid the administrator/supervisor in determining if FMLA/CFRA/PDL/PPL leave is applicable and managing protected absence(s). This process guide cannot and does not modify or change District policy, Personnel Commission (PC) Rules, Collective Bargaining Agreements (CBA), or Federal and/or state laws in any way. Please refer to BUL-1205, your CBA, and/or the PC rules for specific benefits and provisions.

Determine the need for FMLA/CFRA/PDL/PPL

- Employee requests leave from the administrator/supervisor, **or**
- Employee provides enough information for you to know absence is likely FMLA/CFRA/PDL/PPL-qualifying; **or**
- Employee is absent for more than three calendar days.

NO

If in Doubt

- Make sure paid and unpaid leave provisions of the applicable District contracts, rules, and/or policies are followed.
- Attendance should be addressed under the applicable District contracts, rules, and/or policies.

YES

Request Certification

Within 5 business days of request for or need for FMLA/CFRA/PDL/PPL, complete the supervisor section and provide the employee with:

- **FMLA-1: Health Care Provider Certification, or FMLA-8: Evidence of Relationship, or FMLA-9 Certification of Qualifying Exigency; and**
- **FMLA-2: Notice of Eligibility and Employee Rights & Responsibilities.**

Consider

YES

Determine Employee Eligibility & Entitlement

Once the first day absent has been established in connection with a request for or need for FMLA/CFRA, determine if:

- Employee has been employed with the District for at least **12 months** (not necessarily consecutive); **and**
- Employee has worked **at least 130 days (1,250 hours for units A, E, G, and Classified Subs)** in the last 12 months; **and**
- Employee has **not exceeded 12 weeks** FMLA/CFRA entitlement in their current FMLA/CFRA year.

NO

Notify Employee of Non-Eligibility

- Notify employee of non-eligibility using **FMLA-4: Designation Not Approved**. - Indicate reason: Not Eligible or Not Entitled
- Make sure paid and unpaid leave provisions of the applicable District contracts, rules, and/or policies are followed.

YES

Review for Certification

- If employee returns certification within **15 calendar days** (or as soon as practicable under the circumstances), review it to ensure completeness, clarity, and authenticity (**See back for more info**).

NO

Non-Receipt of Certification

- Notify employee of non-eligibility using **FMLA-4: Designation Not Approved**. - Indicate reason: Non-Receipt of Certification
- Make sure paid and unpaid leave provisions of the applicable District contracts, rules, and/or policies are followed.
- Attendance should be addressed under the applicable District contracts, rules, and/or policies.

YES

Determine if Qualifying Condition

(See "Serious Health Condition" and Related Definitions in **BUL-1205**)

- Leave is for the employee's own serious health condition; **or**
- Leave is to care for the employee's spouse, domestic partner (CFRA only), son/daughter, or parent with a serious health condition; **or**
- Leave is for the birth or care of a newborn child or placement of an adopted or foster son/daughter; **or**
- Leave is for a qualifying exigency due to the employee's spouse, son/daughter, or parent's military covered active duty (FMLA only); **or**
- Leave is for the employee to care for a covered service member with a serious injury or illness (FMLA only).

NO

Notify Employee of Non-Eligibility

- Notify employee of non-eligibility using **FMLA-4: Designation Not Approved**. - Indicate reason: FMLA/CFRA/PDL/PPL Does Not Apply
- Make sure paid and unpaid leave provisions of the applicable District contracts, rules, and/or policies are followed.
- Attendance should be addressed under the applicable District contracts, rules, and/or policies.

YES

Accept Complete and Sufficient Certification

Within 5 business days of receipt of a complete and sufficient certification to support the FMLA/CFRA, provide the employee with:

- **FMLA-3: Designation Approved Notice**. Keep FMLA/CFRA forms in medical record file, separate from personnel files. Treat medical information with discretion.

NO

Incomplete or Insufficient Certification

- Notify employee of non-eligibility using **FMLA-4: Designation Not Approved**. - Indicate reason: Incomplete Certification
- Provide employee at least 7 calendar days to submit the information.

CERTIFICATION COMPLETE & SUFFICIENT

YES

Track Leave Usage

- Monitor that actual absences match certification
- **FMLA-6: FMLA Tracking Worksheet** is available on the FMLA Resource page of the IDM website
- Ensure applicable District paid leave provisions are followed – the **Protected Absence Codes** grid is available on the FMLA Resource page of the IDM website
- Issue **FMLA-5: FMLA Exhaustion Letter** when employee has used the full 12 workweeks of FMLA/CFRA/PPL (18 workweeks of PDL) entitlement.

NO

Failure to Provide a Complete and Sufficient Certification

- Notify employee of non-eligibility using **FMLA-4: Designation Not Approved**. - Indicate reason: Other: Specify reason for denial
- Make sure paid and unpaid leave provisions of the applicable District contracts, rules, and/or policies are followed.
- Attendance should be addressed under the applicable District contracts, rules, and/or policies.

Protected Absence (FMLA/CFRA/PDL) Process Pointers

Obtaining Complete and Sufficient Certification

- The employee has the burden to provide complete and sufficient certification supporting the need for FMLA/CFRA/PDL leave. A complete and sufficient medical certification need only include:
 - Medical Facts:
 - Approximate date condition or incapacity commenced
 - Probable duration of condition or need for treatment
 - Indication of a Serious Health Condition **and** information stating:
 - The employee cannot perform their essential job functions **or**
 - Care needed for a family member incapable of self-care.
 - Amount of Leave Needed:
 - Indication of medical necessity for a continuous, intermittent (including appointments/treatment), or reduced work schedule absence **and** either the dates of planned absences **or** an estimated frequency and duration.
 - Do not accept responses on certifications of “as needed,” “unknown,” or “indeterminate” (i.e., for frequency and duration of absence).
 - Health Care Provider Verification:
 - Make sure the provider’s contact information has been provided and the certification is signed. Also make sure the signatory is a professional who can complete the certification. (See definition of Health Care Provider in the FMLA/CFRA/PDL policy bulletin: BUL-1205.4)
- You are only entitled to sufficient responses to questions on the Health Care Provider Certification form.
- Incomplete or unclear responses are the only valid reasons to ask for certification to be fixed. You must provide employees at least 7 calendar days to provide the additional information.
- **Administrators/supervisors cannot contact providers directly about insufficient certification.** The employee must be the one interacting with the provider.
- Consult with Absence Management about any concerns over the validity of the certification. You can reach the FMLA office at: 213-241-3954 or send an email to: FMLA@LAUSD.NET.

Managing Intermittent Leave

- Communicate with the employee up front about the requirement to coordinate planned FMLA/CFRA/PDL absences (e.g., medical appointments, treatments) with the administrator/supervisor in advance. Work with the employee to understand the provider’s availability in scheduling and ensure work coverage needs are best met.
- Communicate with the employee that the usual and customary call-in and reporting procedures in accordance with their work location and Collective Bargaining Agreement still applies (unless it is not medically possible to do so).
- Ensure the employee complies with the District requirement of completing the Certification/Request of Absence for Illness, Family Illness, New Child (form 60-III) when requesting or certifying any absence for illness, disability, or bonding.
 - FMLA/CFRA/PDL Information: ensure the employee indicates:
 - The absence is due to the employee’s own or a family member’s serious health condition, **and**
 - The request is for FMLA/CFRA/PDL job-protection.
 - Important LAUSD Information:
 - Confirm whether or not the employee has indicated the Health Care Provider Certification is on file.
 - Administrator/Supervisor Section:
 - Indicate whether or not the supporting FMLA/CFRA/PDL documentation in connection with this request is on file. If a complete and sufficient Health Care Provider Certification is not on file, the absence **SHOULD NOT** be reported using an FMLA/CFRA/PDL protected absence code.
- Use FMLA-6: Tracking Worksheet to record absences and track usage. Compare absences to the certification and consult Absence Management if the leave usage does not match the amount or frequency of leave indicated in the current certification; a request for additional information might be appropriate.