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

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
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.
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
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.
xii. 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.
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.
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.
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, 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.
ATTAACHMENT A

Los Angeles Unified School District
CERTIFICATION/REQUEST OF ABSENCE FOR ILLNESS, FAMILY ILLNESS, NEW CHILD

EMPLOYEE INFORMATION (Please Print)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MFL</th>
<th>Employee No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Work Location Name</th>
<th>Job Title</th>
<th>Substitute/Temporary</th>
<th>Employee’s Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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.

   Mo.  Day  Yr.  Mo.  Day  Yr.

   NOTE: This form does not supersede or replace the Leave of Absence Request Form (PC Form 5006 or HR Form 1065), when required.

   Select appropriate type of leave:
   - A) My Personal Illness/Injury/Disability/Medical Appointments/Accident
   - B) My Occupational Illness/Injury or Act of Violence
   - C) My Pregnancy-related Illness/Disability
   - D) Personal Leave (Birth of a child newly adopted/New foster care) Paid ☐ Unpaid ☐
   - E) Illness/Disability Accident—My Family Member (relationship)
   - F) Personal Necessity
   - G) Kin Care

   NOTE: Absences “A” through “D” may qualify as Illness leave; “E” as Personal Necessity; “F” may also be Kin Care.

FMLA/CFRA INFORMATION

4. If the absence is 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 or 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.

Employee’s Signature: __________________________ Date: ____________

For Administrator/Supervisor: Is the FMLA supporting documentation received on file? ☐ Yes ☐ No

Administrator/Supervisor’s Acknowledgment/Approval:

Print Name: __________________________ Date: ____________

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

Explanation (If No): __________________________

Form No. 60.III; Revised 10/1/2017

BUL-6307.5
Accounting and Disbursements Division  Page 7 of 8  April 2, 2018
## Los Angeles Unified School District
### CERTIFICATION AND/OR REQUEST OF ABSENCE FOR NON-ILLNESS

**Employee Information (Please Print)**

- **Last Name**
- **First Name**
- **M.I.**
- **Employee No.**
- **Employee's Telephone**

### Reason for Absence

1. **Starting date of absence**: [Mo./Day./Yr.] (expected)
2. **Last date of absence (expected)**: [Mo./Day./Yr.]
3. **Total time (expected) of absence**: [days] [hours]

---

### Reason for Absence

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Accident or Imminent Danger to My Person/Property (see rule)</td>
</tr>
<tr>
<td>B</td>
<td>Accident to Family Member's Property (see rule)</td>
</tr>
<tr>
<td>C</td>
<td>Auto failure (up to 2 hours) of equipment on that day (see rule)</td>
</tr>
<tr>
<td>D</td>
<td>Registration or Final Exams in Higher Education (see rule)</td>
</tr>
<tr>
<td>E</td>
<td>Religious Holiday of My Faith (paid/untapped)</td>
</tr>
<tr>
<td>F</td>
<td>Court Appearance (paid/untapped)</td>
</tr>
<tr>
<td>G</td>
<td>School Activity (paid/untapped)</td>
</tr>
<tr>
<td>H</td>
<td>Government (see rule)</td>
</tr>
<tr>
<td>I</td>
<td>Conference Approved by District</td>
</tr>
<tr>
<td>J</td>
<td>Jury Duty (provide verification)</td>
</tr>
<tr>
<td>K</td>
<td>Vacation (All regular classified employees &amp; Certificated A basis) (subject to approval)</td>
</tr>
<tr>
<td>L</td>
<td>Paid Parental Leave (Birth of a child/Newly adopted/New foster care) (provide birth certificate or legal document)</td>
</tr>
<tr>
<td>M</td>
<td>Other Absences (Identify) (paid/untapped)</td>
</tr>
</tbody>
</table>

---

### Additional Explanation, if needed

I certify that I was not/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 benefits 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**

---

### Is there an FMLA/CFRA/PDL Approved Designation Notice on file that covers this absence?

- [ ] Yes
- [x] No

---

### Administrator/Supervisor’s Acknowledgment

- **Print Name**
- **Signature**

**Date**

---

### For Administrator/Supervisor: Do you approve the requested absence?

- [ ] Yes
- [ ] No

---

### Notes

1. Rule 95 A or B: Accident to property must be either your property or immediate family member's (either your family or spouse's, such as parents, child, grandparent, grandchild, brother, sister, stepbrother or step-sister or other relative living in employee's immediate household). Reference the specific section of the bargaining unit agreement or any applicable Board/PC rule in question. Relationship claimed. Trespass to property includes only your property, and is occasioned by causes such as flood, fire, or earthquakes.

2. Rule 95 C: Refer to applicable bargaining unit agreement or any applicable Board/PC rules.

3. Rule 95 E: Upon at least two days notice to their immediate supervisor, a classified employee shall be permitted to take any examination and to participate in other District employment procedures during working hours without loss of pay or other penalty. If less than two days notice is provided, permission to participate without loss of pay is subject to the approval of the employee's immediate supervisor. (PC Rules 85.)

4. Rule 95 F: This rule requires that the relationship to an immediate family member meeting under LAUSD's definition of blightness. The immediate family is defined as the parent, grandparent, or grandchild of the employee or the employee's spouse, and the spouse, child (including their child), brother, sister, daughter-in-law, or son-in-law of the employee, or any relative living in the immediate household of the employee. Refer to specific section of bargaining unit agreement or any applicable Board/PC rule for further information.

---

**Form No. 69 NON-ILL; Revised 10/01/2017**

---

**BUL-6307.5**

Accounting and Disbursements Division

Page 8 of 8

April 2, 2018