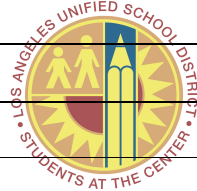


Los Angeles Unified School District

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): _____

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