



**LOS ANGELES UNIFIED SCHOOL DISTRICT
POLICY BULLETIN**

TITLE: New Certification of Absence Forms

NUMBER: BUL-6307.2

ISSUER: Michelle King,
Chief Deputy Superintendent

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DATE: July 8, 2015

ROUTING
All Offices and Schools
Administrators
Principals
Time Reporters
Risk Management

PURPOSE: The purpose of this bulletin is to advise administrators and time-reporters of the updated Certification of Absence Forms. The District has updated Form No. 60.ILL, Certification/Request of Absence for Illness, Family Illness, New Child, in order to include a method for reporting mandatory paid sick days for specific eligible employees who currently do not have paid sick days in regard to the California Healthy Workplaces, Healthy Families Act of 2014.

MAJOR CHANGES: The updated forms replace Certification/Request of Absence for Illness, Family Illness, New Child (Form No. 60.ILL; 7/1/2015) and Certification/Request of Absence for Non-Illness (Form No. 60.NON-ILL; 7/1/2015). The appropriate leave type for item 4E, Illness/Injury/Disability on Form No. 60.ILL has been revised to include Personal Necessity and Kin Care as a requested absence type. Use of the new forms is effective July 15, 2015.

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.

1. Employee Information section requires employee data: name, employee number, work location, job title and employee’s telephone number where the employee can be most readily contacted.



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2. Reason for Absence section requires the employee to provide absence data as follows:
 - a) An indication of a new absence or extension of an ongoing absence.
 - b) The starting date and last date of absence or expected last date of absence.
 - c) Total time or expected total time of absence (weeks, days, or hours).
 - d) 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 Appt.
 - ii. Eligible substitute/temporary employee as part of the Healthy Workplaces, Healthy Families Act.
 - iii. Employee's occupational illness/injury or act of violence.
 - iv. Employee's pregnancy-related illness/disability.
 - v. Accident involving the employee.
 - vi. Illness/injury/disability 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).*
 - vii. Accident involving employee's family member.
 - viii. Employee's time-off for new-born/newly adopted/new foster 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 Certificate of Health Care Provider. The certificate is required when requested by the Administrator/Supervisor under FMLA, District rules or if absence is over five consecutive working days. The employee must also indicate if the requests are for an unpaid leave of absence.
 5. Administrator/Supervisor's Acknowledgment section requires the name and signature of the employee's supervisor and the approval/disapproval of the absence.



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B. Certification and/or Request of Absence for Non-Illness (See Attachment B)

This form consists of three sections: Employee Information, Reason for Absence and Administrator/Supervisor's Acknowledgement.

1. Employee Information section requires employee data as follows:
 - a) Employee name and employee number.
 - b) Work location, job title and employee's telephone number where the employee can be most readily contacted.
2. Reason for Absence section requires employee to provide absence data as follows:
 - a) An indication of a new absence or extension of an ongoing absence.
 - b) The starting date and last date of absence or expected last date of absence.
 - c) The total time or expected total time of absence (weeks, days or hours).
 - d) 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 property
- ii. Accident to employee's family members' property
- iii. Automobile failure if required for work performance (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 or employee's faith
- vi. Bereavement
- vii. Conference approved by the District
- viii. Jury duty or appearance in court under order – *is an acknowledgment, but employee must provide the appropriate notification and documentation.*
- ix. 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.*
- x. Other absences – not specifically indicated above but provided in the collective bargaining agreement and PC Rules.



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3. Administrator/Supervisor's Acknowledgement section requires the name and signature of the employee's supervisor and the 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.

Completed and approved absence certification forms are required prior to the reporting of absence time.

Effective 7/15/15, 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 7/1/14 and 7/1/2015.

Certification/Request of Absence For Illness, Family Illness, New Child
Form No. 60.ILL; Revised 7/8/2015

Certification and/or Request of Absence for Non-Illness
Form No. 60.NON-ILL; Revised 7/8/2015

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.



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- E. Copy of the forms may be downloaded via Inside LAUSD by following these steps:
1. Log-on to Inside LAUSD at <http://notebook.lausd.net>.
 2. Click on E-Library and sub-menu “Templates and Forms”.
 3. Type 60.ILL or 60.NON-ILL in the Search field box.
 4. Click on GO.
 5. Click on desired form title “Certification/Request of Absence for Illness, Family Illness, New Child” or “Certification and/or Request of Absence for Non-Illness.
 6. Click on Document (Employees may fill out the document on-line prior to printing and signing the document).
 7. Click on print icon.
- F. These new forms replace form numbers: 60.ILL; Revised 7/1/2015 Certification/Request of Absence for Illness, Family Illness, New Child and 60.NON-ILL; Revised 7/1/2015 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.

RELATED RESOURCES:

Office of the General Counsel, Policy Bulletin No. BUL-6529.0, *Legally-Mandated Paid Sick Leave for Eligible Employees*

Accounting and Disbursements Division, Reference Guide No. REF-6528.0, *Reporting Paid Sick Leave for Substitute/Temp Eligible Employees*

Division of Risk Management & Insurance Services, Reference Guide No. REF-6022.0, *“Family and Medical Leave Act/California Family Rights Act – Supervisors’ FMLA/CFRA Reference Guide*

Payroll Concepts Manual dated May 2014

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, contact the Employee Service Center at (213) 241-6670.

Questions regarding protected absences can be directed to the District’s FMLA Leaves Section at (213) 241-3954, or (213) 241-2820.



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ATTACHMENT A

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 Employee's Telephone No.
REASON FOR ABSENCE
1. Check one: [] New absence [] Extension of ongoing absence [] Intermittent absence/Reduced schedule
2. Starting date of absence Last date of absence (expected)
3. Total time (expected) of absence: weeks; 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.
4. Select appropriate type of leave:
[] A1) My Personal Illness/Injury/Disability/Medical Appointment
[] A2) Eligible Substitute/Temporary employee as part of the Healthy Workplaces Healthy Families Act
[] B) My Occupational Illness/Injury or Act of Violence
[] C) My Pregnancy-related Illness/Disability
[] D) Accident Involving My Person
[] E) Illness/Injury/Disability-My Family Member
[] F) Accident Involving My Family Member
[] G) Time-off for New-Born/Newly adopted/New foster care
FMLA/CFRA INFORMATION
5A. Is the absence due to a "serious health condition"
5B. If yes, do you have in your possession the form 'FMLA Certification of Health Provider?
6. Do you request FMLA/CFRA protections?
IMPORTANT LAUSD INFORMATION
'Physician Statement' is required if absence is over 5 consecutive days or if required by Administrator under LAUSD Rules.
7. Is the appropriate medical certification submitted with this request?
8. Is the request being made for unpaid leave/absence?
I certify I was not and will not be employed elsewhere during my regular work hours within the time period claimed on this certification.
Employee's Signature: Date:
Administrator/Supervisor's Acknowledgement:
Print Name Signature Date
For Administrator/Supervisor: Do you recommend that absence be approved?
Explanation
Use separate paper, if needed
Form No. 60.ILL; Revised 7/8/2015



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ATTACHMENT B

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.
Work Location Name	Job Title	Employee's Telephone No. ()	

REASON FOR ABSENCE

1. Check one: **New absence** **Extension of ongoing absence**

2. Starting date of absence ____/____/____ Last date of absence (expected) ____/____/____
Mo. Day Yr. Mo. Day Yr.

3. Total time (expected) of absence: ____ weeks; ____ 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.

4. Select the appropriate type of absence:
Typically, these types of absence do NOT qualify for the Family and Medical Leave Act ("FMLA") and/or the California Family Rights Act ("CFRA"). However, if the reason meets legal requirements, you may request such FMLA/CFRA protection. LAUSD may also, on its own, designate an absence as FMLA/CFRA protected, if information indicates that the legal requirements are met.]

A) Accident or Imminent Danger to My Property (see rule¹)..... Explain _____

B) Accident to Family Members' Property (see rule¹)..... Explain _____

C) Auto failure (up to 2 hours) if used car for work (Units A, B, C, D, & S)..... Explain _____

D) Registration or final exam in higher education (Units A, C, & S)..... Explain _____

E) Religious Holiday of My Faith..... Explain _____

F) Bereavement (see rule²)..... Identify Family Relation _____

G) Conference Approved by District..... Provide verification; Explain _____

H) Jury Duty, or Appearance in Court under Order..... Provide documentation from the Court

I) Vacation (Regular Classified & Certificated "A" basis employees)..... Approval only. Certification below not applicable

J) Other absences* (identify _____) Explain _____
[* such as time needed due to school suspension of your child (Labor Code 230.7), or other absences under Labor Code]

NOTE: Absences "A" through "E" may qualify as Personal Necessity.

Additional Explanation, if needed _____

I certify I was not and will not be employed elsewhere during my regular work hours within the time period claimed on this certification. 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 listed reason in accordance with the appropriate 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 _____

Administrator/Supervisor's Acknowledgement:

Print Name _____	Signature _____	Date _____
For Administrator/Supervisor: Do you recommend that absence be approved? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Explanation: _____		

¹ Rule to #4.A or B above: Accident to property must be either your property or immediate family member's (either your family or spouse's, such as, parent, child, grandparent, grandchild, brother, sister, step/foster child or other relative living in employee's immediate household). Reference the specific section of the bargaining agreement if another relationship is claimed. Imminent danger to property includes only your property, and is occasioned by disaster such as flood, fire, or earthquake.

² Rule to #4.F above: The rule requires that the relationship be an immediate family member meaning under LAUSD's definition for bereavement, either your family or spouse's family, such as parent, child, grandparent, grandchild, brother, sister, step/foster child or other relative living in employee's immediate household. Reference the specific section of the bargaining agreement if another relationship is claimed.

Form No. 60.NON-ILL; Revised 7/8/2015