



**LOS ANGELES UNIFIED SCHOOL DISTRICT
REFERENCE GUIDE**

TITLE: Reporting Paid Sick Leave for Substitute/Temp Eligible Employees

NUMBER: REF-6528.1

ISSUERS: V. Luis Buendia, Controller
Accounting and Disbursements Division

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Personnel Commission

Alvaro Cortés, Executive Director
Beyond the Bell Branch

DATE: August 31, 2015

PURPOSE: The purpose of this Reference Guide is to provide District employees with information about the procedures for notification, reporting and approval of California mandatory paid sick leave for eligible employees who currently do not receive sick days.

MAJOR CHANGES: This reference guide replaces REF-6528.0, Reporting Paid Sick Leave for Substitute/Temp Eligible Employees, dated June 30, 2015. This revised reference guide reflects change necessitated by the July 13, 2015, amendment to the Healthy Workplaces, Healthy Families Act of 2014. The amendment excludes a retired annuitant of a public agency from the definition of employees eligible for mandatory paid sick leave. More specifically, the definition of “employee” does not include an employee who is a recipient of a retirement allowance and employed without reinstatement in the Public Employees’ Retirement System (PERS).

BACKGROUND: The Healthy Workplaces, Healthy Families Act of 2014 (commencing with Section 245 of the Labor Code), provides mandatory paid sick days for specific eligible employees who currently do not have paid sick days. Effective July 1, 2015, eligible employees are entitled to up to three (3) protected paid sick days or 24 hours in a 12-month period, for the diagnosis, care or treatment of a health condition, or for preventative care for an employee or an employee’s family member. The new law does not provide additional sick days to District employees who already receive paid sick days. The Act also provides paid sick days to an employee for certain purposes related to being a victim of domestic violence, sexual assault or stalking. The Act defines employee eligibility, prescribes use of mandatory paid sick days, eligible family members, notice requirements and contains non-retaliation provisions.

ROUTING
All Schools and Offices
Administrators
School Administrative Assistants
Time Keepers
Time Approvers



LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

The legislative intent of the Healthy Workplaces, Healthy Families Act is to ensure workers in California can address their own health needs and the health needs of their families by requiring employers to provide a minimum level of paid sick days, including time for family care. The Act is also intended to decrease public and private health care costs by enabling workers to seek early and routine medical care for themselves and their family members, and to address domestic violence or sexual assault; to provide economic security to those who take time off from work for reasons related to domestic violence or sexual assault; and, safeguard the welfare, health, safety and prosperity of the people of California.

The provisions of the Act are in addition to and independent of any other rights, remedies or procedures available under any other law and do not diminish, alter or negate any other legal rights, remedies or procedures available to an aggrieved person.

PROCEDURES: Day to Day K-12 Substitutes

All illness time for Day to Day K-12 substitute teachers will be reported and approved by staff in the Certificated Substitute Unit. For procedures regarding time reporting of illness for extended substitutes, please refer to additional information within this Reference Guide.

A Day to Day K-12 substitute teacher may request to use their illness benefit by declining a call in SubFinder and by completing and submitting the Certification/Request of Absence for Illness, Family Illness, New Child form (Form No. 60.ILL) to the Certificated Substitute Unit as soon as practicable to ensure timely payroll reporting. Form No. 60.ILL may be obtained online at <http://achieve.lausd.net/hr>. In addition, school office personnel will be required to make the forms available to substitute teachers. The completed form must be faxed or emailed to the Certificated Substitute Unit at (213) 241-8410 or Subillnessreporting@lausd.net. Once an Absence Request Form is received, Certificated Substitute Unit staff will verify that the substitute received a call from SubFinder on the requested date and ensure that time is reported.

K-12 substitutes who become ill after reporting to a school site and request to leave before the assignment day ends may request to use hours equivalent to the portion of the day that remains. Form No. 60.ILL must be submitted following the directions outlined above.

Day to Day Early Childhood Education Substitutes

All illness time for Day to Day Early Childhood Education substitutes will be reported and approved by staff in the Early Childhood Education Certificated Unit. For procedures regarding time reporting of illness for extended substitutes, please refer to additional information within this Reference Guide.



LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

An Early Childhood Education Day to Day substitute teacher may request to use their illness benefit by declining a call in SmartFindExpress and by completing and submitting the Certification/Request of Absence for Illness, Family Illness, New Child form (Form No. 60.ILL) to the Early Childhood Education Certificated Substitute Unit as soon as practicable to ensure timely payroll reporting. Form No. 60.ILL may be obtained online at <http://achieve.lausd.net/ece-hr>. In addition, school office personnel will be required to make the forms available to substitute teachers. The completed form must be faxed or emailed to the Early Childhood Education Certificated Substitute Unit at (213) 241-2479 or Earlyedsubillnessreporting@lausd.net. Once an Absence Request form is received, Early Childhood Education Certificated Substitute Unit staff will verify that the substitute received a call from Smart Find Express on the requested date and ensure that time is reported.

Early Childhood Education substitutes who become ill after reporting to a school site and request to leave before the assignment day ends may request to use hours equivalent to the portion of the day that remains. Form No. 60.ILL must be submitted following the directions outlined above.

Adult Education Substitutes

Adult Education substitute teachers may request to use their illness benefit by declining a call from the requesting school site and by completing and submitting the Certification/Request of Absence for Illness, Family Illness, New Child form (Form No. 60.ILL) to the requesting school site as soon as practicable to ensure timely payroll reporting. Form No. 60.ILL may be obtained online at <http://achieve.lausd.net/hr>. In addition, school office personnel will be required to make the forms available to substitute teachers. Once an Absence Request form is received, the requesting school site will verify that the substitute received a call on that date and ensure that time is reported and certified. Mandatory paid sick days shall be reported under the time reporting code Substitute/Temporary Absence (SBTM).

Adult Education Substitutes who become ill after reporting to a school site and request to leave before the assignment day ends may request to use hours equivalent to the portion of the day that remains. Form No. 60.ILL must be submitted following the directions outlined above.

K-12, Early Education, and Adult Education Extended Substitutes, Professional Experts and Return Retirees

Illness time for substitutes in extended assignments, of 21 days or more, professional experts and return retirees must be reported by the school or office at which the employee is assigned. Prior to time entry, time reporters must be in receipt of a Certification/Request of Absence for Illness, Family Illness, New Child form (Form No. 60.ILL) for each substitute employee, professional expert or return retiree



LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

requesting paid sick leave. Mandatory paid sick days shall be reported under the time reporting code Substitute/Temporary Absence (SBTM). Please report the appropriate hours by the deadline established on the Cut-Off and Pay Dates for CATS Time Reporting payroll calendar.

Time records for certificated substitutes in extended assignments, professional experts and return retirees will be approved by the administrator at the assigned location.

Classified Day to Day Substitutes

A substitute or temporary employee may request to use their illness benefit by completing and submitting the Certification/Request of Absence for Illness, Family Illness, New Child form (Form No. 60.ILL) to the Classified Employment Services Branch as soon as practicable to ensure timely payroll reporting. The completed form may be faxed to the Classified Employment Services Branch (213) 241-6808 or may be scanned and emailed to classifiedpersonnel@lausd.net. Form No. 60.ILL may be obtained online at <http://achieve.lausd.net/Page/1083>. In addition, school office personnel will be required to make the forms available to substitute and temporary employees. Once an Absence Request form is received, Personnel Commission staff will verify that the substitute received a call from SmartFindExpress on the requested date and ensure that time is reported. Employees may contact the time reporter at (213) 241-6337 to check the status of their request.

Classified Long Term Substitutes

Substitutes assigned to a site for more than five (5) days may submit the Certification of Absence Request Form to the time reporter at the site.

Substitutes who become ill after reporting to a school site and request to leave before the assignment day ends may submit a request to the time keeper to use hours equivalent to the portion of the day that remains. Form No. 60.ILL must be submitted following the directions outlined above.

Time records for substitutes on long term assignments will be approved by the administrator at the assigned location.

Part-Time, Unclassified Employees (Includes Beyond the Bell, LA's BEST, School-Based Employees)

A part-time, unclassified employee may request to use their illness benefit by completing and submitting the Certification/Request of Absence for Illness, Family Illness, New Child form (Form No. 60.ILL) to the school or office at which the employee is assigned. Form No. 60.ILL may be obtained online at <http://achieve.lausd.net/Page/1083>. In addition, school office personnel will be required to make the forms available to part-time, unclassified employees. Once an



LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

Absence Request form is received, the time reporter will review, submit to the administrator for approval and ensure that time is reported. For procedures regarding time reporting of illness for part-time, unclassified employees, please refer to additional information within this Reference Guide.

- EMPLOYEES:** As an eligible employee, following the instructions outlined below will enable the time keeper and time approver to perform the functions necessary to facilitate timely compensation.
1. Follow the procedures as outlined in prior sections for notification purposes according to your classification; certificated, classified or unclassified.
 2. Complete the Certification/Request of Absence for Illness, Family Illness, New Child form (Form No. 60.ILL).
 3. When completing Form No. 60.ILL, mark/select A2 under #4 for the appropriate type of leave.
 4. Form No. 60.ILL can be found at <http://achieve.lausd.net/Page/1083>.
 5. Submit Form No. 60.ILL to the applicable office or site as outlined in prior sections according to your classification; certificated, classified or unclassified.
 6. Verify or view the status of hours reported and approved via the Time Statement and/or viewing the Online Pay Stub by logging into the LAUSD Employee Self Service website at <https://selfservice.lausd.net>.
 7. Print the payroll calendar that is most applicable; Certificated (CE), Classified (CL) or Semi-Monthly (SM).
 8. Be mindful of the payroll cut-off deadlines and the date in which forms are submitted to the applicable office or site. Hours that are reported by the time keeper and approved by the administrator for each payroll area deadline (CE, CL, SM) will be paid according to the designated calendar pay dates; no exceptions.

- TIME KEEPERS:** As the time keeper, following the instructions outlined below will help eligible employees receive timely compensation.
1. School and office personnel are required to make Form No. 60.ILL available to substitute and temporary employees.
 2. Must be in receipt of a completed and administrator acknowledged Form No. 60.ILL for each employee requesting paid sick leave prior to time entry.
 3. Use the four character time entry absence code "SBTM" which is an abbreviation for Substitute/Temporary Absence.
 4. Verify employee eligibility and available SBTM balance.
 5. Time report the appropriate hours by the deadline established on the Cut-Off and Pay Dates for CATS Time Reporting payroll calendar.
 6. The allocation of funds used to report the absence time code SBTM has been established and will automatically default with funding line information for eligible employees.
 7. Maintain the records substantiating the time reported to Payroll Administration for five years.



LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

- Failure to report the time and have it approved by 6:00 p.m. per the payroll deadline, will delay compensation to employees.

TIME APPROVERS:

As the administrator and time approver, following the instructions outlined below will help eligible employees receive timely compensation.

- Authorize by signing the Administrator/Supervisor's acknowledgement on the employee submitted Certification/Request of Absence for Illness, Family Illness, New Child form (Form No. 60.ILL). A request to use mandatory paid sick leave cannot be denied.
- Time approve the appropriate hours by the deadline established on the Cut-Off and Pay Dates for CATS Time Reporting payroll calendar.
- Failure to approve the time by 6:00 p.m. per the payroll deadline, will delay compensation to employees.

FORM NO. 60.ILL:

When completing the Certification/Request Of Absence For Illness, Family Illness, New Child form (Form No. 60.ILL), mark/select A2 under #4 for the appropriate type of leave as seen below:

- A2) Eligible Substitute/Temporary employee as part of the Healthy Workplaces Healthy Families Act. My Family Member (relation).

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: <input type="checkbox"/> New absence <input type="checkbox"/> Extension of ongoing absence <input type="checkbox"/> Intermittent absence/Reduced schedule			
2. Starting date of absence: / / Last date of absence (expected): / /			
3. Total time (expected) of absence: weeks: 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.			
4. 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 (see page 2). LAUSD may also, on its own, designate an absence/leave as FMLA/CFRA, if the absence meets legal requirements.]			
<input type="checkbox"/> A2) Eligible Substitute/Temporary employee as part of the Healthy Workplaces Healthy Families Act			[See #7 below]
<input type="checkbox"/> B) My Family Member (relation)			[See #7 below]
<input type="checkbox"/> C) My Occupational Injury or Act of Violence			[See #7 below]
<input type="checkbox"/> D) My Pregnancy-related Illness/Disability			[See #7 below]
<input type="checkbox"/> E) Accident Involving My Person			[See #7 below]
<input type="checkbox"/> F) Illness/Injury/Disability-My Family Member (relation)			[See #7 below]
<input type="checkbox"/> G) Personal Necessity requested			[See #7 below]
<input type="checkbox"/> H) Accident Involving My Family Member (relation)			[See #7 below]
<input type="checkbox"/> I) Time-off for New-Born/Newly adopted/New foster care			[See #7 below]
NOTE: Absences "A" through "D" may qualify as Illness leave; "E", "F" & "G" as Personal Necessity; "E" may also be Kin-Care.			
FMLA/CFRA INFORMATION			
5A. Is the absence due to a "serious health condition" (see separate FMLA form for Definitions)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(Important Note: To confirm serious health condition, you are required to return 'FMLA Certification of Health Provider within 15 calendar days')			
5B. If yes, do you have in your possession the form 'FMLA Certification of Health Provider'? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Do you request FMLA/CFRA protections? (See District website or your supervisor for FMLA facts) <input type="checkbox"/> Yes <input type="checkbox"/> No			
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.			
7. Is the appropriate medical certification submitted with this request? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required (new child)			
NOTE: If the answer is "No", the correct medical certification must be submitted separately and promptly.			
8. Is the request being made for unpaid leave/absence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Explanation _____			
Use separate paper, if needed			
Form No. 60.ILL, Revised 7/8/2015			



LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

PAYROLL CALENDARS:

The 2015-2016 payroll calendars for Certificated (CE), Classified (CL), Semi-Monthly (SM) and Cut-Off and Pay Dates for CATS Time Reporting as seen below can be found on the Calendar/Time Cards section on the Payroll Administration website at <http://achieve.lausd.net/payroll>. Payroll calendars are posted to the Payroll Administration website every fiscal year.

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2015 - 2016 Certificated Calendar (CE)																																																				
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LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

PAYROLL CALENDARS:

**Los Angeles Unified School District
2015 - 2016 Semi Monthly Calendar (SM)**

Legend: Cut-off for CATS Time Reporting Approval Pay Day Holiday * Holiday and Pay day

July							August							September							October						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
			1	2	3	4																					
5	6	7	8	9	10	11	2	3	4	5	6	7	8	6	7	8	9	10	11	12	4	5	6	7	8	9	10
12	13	14	15	16	17	18	9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17
19	20	21	22	23	24	25	16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24
26	27	28	29	30	31		23	24	25	26	27	28	29	27	28	29	30				25	26	27	28	29	30	31
							30	31																			

November							December							January							February						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7																					
8	9	10	11	12	13	14	6	7	8	9	10	11	12	3	4	5	6	7	8	9	1	2	3	4	5	6	
15	16	17	18	19	20	21	13	14	15	16	17	18	19	10	11	12	13	14	15	16	7	8	9	10	11	12	13
22	23	24	25	26	27	28	20	21	22	23	24	25	26	17	18	19	20	21	22	23	14	15	16	17	18	19	20
29	30						27	28	29	30	31		24	25	26	27	28	29	30	21	22	23	24	25	26	27	
													31							28	29						

March							April							May							June						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
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13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20	21	12	13	14	15	16	17	18
20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28	19	20	21	22	23	24	25
27	28	29	30	31			24	25	26	27	28	29	30	29	30	31				26	27	28	29	30			

2015-2016 Cut-Off and Pay Dates For CATS Time Reporting			
PAY PERIOD	CUT-OFF DATES	PAY DATES	PAYROLL AREA
Scheduled Off-cycles	Monday, July 06, 2015	Friday, July 10, 2015	Certificated & Classified Off-cycles
07/01/2015 - 07/15/2015	Thursday, July 16, 2015	Thursday, July 23, 2015	Semi-Monthly
07/01/2015 - 07/31/2015	Wednesday, July 22, 2015	Friday, July 31, 2015	Classified
07/01/2015 - 07/31/2015	Monday, July 27, 2015	Wednesday, August 05, 2015	Certificated
07/16/2015 - 07/31/2015	Friday, July 31, 2015	Friday, August 07, 2015	Semi-Monthly
Scheduled Off-cycles	Wednesday, August 05, 2015	Wednesday, August 12, 2015	Certificated & Classified Off-cycles
08/01/2015 - 08/15/2015	Friday, August 14, 2015	Friday, August 21, 2015	Semi-Monthly
08/01/2015 - 08/31/2015	Thursday, August 20, 2015	Monday, August 31, 2015	Classified
08/01/2015 - 08/31/2015	Tuesday, August 25, 2015	Friday, September 04, 2015	Certificated
08/16/2015 - 08/31/2015	Monday, August 31, 2015	Tuesday, September 08, 2015	Semi-Monthly
Scheduled Off-cycles	Thursday, September 03, 2015	Friday, September 11, 2015	Certificated & Classified Off-cycles
09/01/2015 - 09/15/2015	Wednesday, September 16, 2015	Wednesday, September 23, 2015	Semi-Monthly
09/01/2015 - 09/30/2015	Monday, September 21, 2015	Wednesday, September 30, 2015	Classified
09/01/2015 - 09/30/2015	Wednesday, September 23, 2015	Monday, October 05, 2015	Certificated
09/16/2015 - 09/30/2015	Thursday, October 01, 2015	Thursday, October 08, 2015	Semi-Monthly
Scheduled Off-cycles	Monday, October 05, 2015	Tuesday, October 13, 2015	Certificated & Classified Off-cycles
10/01/2015 - 10/15/2015	Friday, October 16, 2015	Friday, October 23, 2015	Semi-Monthly



LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

RELATED RESOURCES: BUL-6529.1, Legally-Mandated Paid Sick Leave for Eligible Employees
BUL-6307.2, New Certification of Absence Forms

ASSISTANCE: For assistance or further information, please contact the following offices.

Office	Telephone
Certificated Substitute Unit	(213) 241-6117
Certificated Early Childhood Education Unit	(213) 241-2404
Adult Education Unit	(213) 241-4953
Classified Assignments	(213) 241-6337
Beyond the Bell	(213) 633-3535
Payroll Administration	(213) 241-6670