TITLE: Certification of Absence Forms

NUMBER: BUL-6307.4

ISSUER: Alma Peña-Sanchez, Chief of Staff
Office of the Superintendent

V. Luis Buendia, Controller,
Accounting & Disbursements Division

DATE: July 10, 2017

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 and Form No. 60.NON-ILL, Certification /Request of Absence for Non-Illness, in order to include the paid option for Parental Leave (Birth of a child/Newly adopted/New foster care).

MAJOR CHANGES: The updated forms replace Certification/Request of Absence for Illness, Family Illness, New Child (Form No. 60.ILL; 7/1/2016) and Certification/Request of Absence for Non-Illness (Form No. 60.NON-ILL; 7/1/2016). Form No. 60.ILL has been revised to include the paid option for Parental Leave and form No. 60.NON-ILL has been revised to include the option Paid Vacation Parental Leave for eligible Classified or Certificated employees.

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 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 of 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.

tax. Paid Vacation Parental Leave (Birth of a child/Newly adopted/New foster care) – For eligible Classified or Certificated employees covered under the Paid Parental Leave. Time code PLVA must be used for time reporting.

xi. 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 7/10/17, 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 07/1/2016.

Certification/Request of Absence for Illness, Family Illness, New Child
Form No. 60.ILL; Revised 7/10/2017

Certification and/or Request of Absence for Non-Illness
Form No. 60.NON-ILL; Revised 7/10/2017

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 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 7/1/2016
Certification/Request of Absence for Illness, Family Illness, New Child and
60.NON-ILL; Revised 7/1/2016 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-6529.1, 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
The following guidelines are provided for the use of the new forms:

**ASSISTANCE:**

For time reporting assistance, contact Payroll Customer Services at (213) 241-2570.

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

Questions regarding Paid Parental Leave can be directed to Risk Management and Insurance Services, by email at absencemanagement@lausd.net or call (213) 241-3954.
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>M.I.</th>
<th>Employee No.</th>
<th>Work Location Name</th>
<th>Job Title</th>
<th>Substitute Temporary</th>
<th>Employee's Telephone</th>
</tr>
</thead>
</table>

REASON FOR ABSENCE

1. Starting date of absence: ___________ Last date of absence (expected): ___________

2. Total time (expected) of absence: _______ days; _______ hours.

   NOTE: This form does not supersede or replace the Leave of Absence Request Form (PC Form 6006 or HR Form 1665), when required.

3. Select appropriate type of leave:
   A) My Personal Illness/Disability/Medical Appointment/Accident
   B) My Occupational Illness/Injury or Act of Violence
   C) My Pregnancy-related Illness/Disability
   D) Parental Leave (Birth of a child/Newly adopted/New foster care)
   E) Illness/Injury/Disability/ Accident of Family Member (relation)
   F) Personal necessity
   G) Kin-Care

   NOTE: Leave “A” through “D” may qualify as Illness leave “O”, and “E” as Personal Necessity “F”. “G” 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 Care Provider within 15 calendar days.

5. Do you request FMLA/CFRA protections for serious health condition or other qualifying reason? _______ Yes _______ No

   (Use District website or your supervisor for FMLA facts)

IMPORTANT LAUSD INFORMATION

"Physical 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

   If the answer is "No", the correct documentation must be submitted separately and promptly.

   I certify I was/will not be employed elsewhere during any 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 any 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 any 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 usage charges above is/are processed, any unused 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.

   Employer's Signature: __________________ Date: ___________

   For Administrator/Supervisor: Is the FMLA supporting documentation received or 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): __________________

Form No. 60.ILL, Revised 7/10/2017

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**ATTACHMENT B**

Los Angeles Unified School District

**CERTIFICATION AND/OR REQUEST OF ABSENCE FOR NON ILLNESS**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>M.I.</th>
<th>EMPLOYEE NO.</th>
<th>WORK LOCATION NAME</th>
<th>JOB TITLE</th>
<th>EMPLOYEE’S TELEPHONE</th>
</tr>
</thead>
</table>

**REASON FOR ABSENCE**

1. Starting date of absence: **Month** __Day__ __Year__
2. Last date of absence (expected): **Month** __Day__ __Year__
3. Total time (expected) of absence: **days** **hours**

**Note:** This form does not supersede or replace the Leave of Absence Request Form (PC Form 6906 or HK Form 985), when required.

1. Select the appropriate type of absence:
   - [ ] A. Accident or imminent danger to my property (see rule)
   - [ ] B. Accident to family member’s property (see rule)
   - [ ] C. Auto failure (up to 2 hours) if car was used for work (see rule)
   - [ ] D. Final Exam in Higher Education (see rule)
   - [ ] E. Religious Holiday of My Faith
   - [ ] F. Bereavement (see rule)
   - [ ] G. Conference Approved by District
   - [ ] H. Jury Duty
   - [ ] I. Leave of Absence - (All regular classified employees & Certificated A basis) Subject to Approval
   - [ ] J. Leave of Absence - Doctor’s Note - (Birth of a child, newly adopted, new foster care) Provide birth certificate or legal document
   - [ ] K. Other Absences (identify) 

**Note:** Absence “A” through “E” may qualify as personal necessity. Absence “F” and “J” may qualify for FMLA/CFRA.

**Additional Explanation, if needed**

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 unfitness 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 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:** If the FMLA supporting documentation received on file? [ ] Yes [ ] No

**Administrator/Supervisor’s Acknowledgment/Approval:**

<table>
<thead>
<tr>
<th>PRINT NAME</th>
<th>SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
</table>

**For Administrator/Supervisor:** Do you approve the requested absence? [ ] Yes [ ] No [ ] No

**Explanation (if No)**

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*Rule to #6 B: 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-father, step-mother, or other relative living in employee’s immediate household. Reference the specific section of the bargaining unit agreement or any applicable Board/PC rule if another relationship is claimed.*

*Rule to #6 C: Refer to applicable bargaining unit agreement or any applicable Board/PC rule.*

*Rule to #6 D: 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 approval by the employee’s immediate supervisor. (PC Rule 764, Paragraph E)*

*Rule to #6 F: The rule requires that the relationship be an immediate family member meaning under LOUSD’s definition for bereavement, either your family or spouse’s family, such as parent, child, grandparent, grandchild, brother, sister, step-father, step-mother, or other relative living in employee’s immediate household. Reference the specific section of the bargaining agreement or any applicable Board/PC rule if another relationship is claimed.*

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Form No. 50 NON-ILL, Revised 7/10/2017

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