

REQUEST FOR LEAVE OF ABSENCE CERTIFICATED EMPLOYEE



NAME _____ EIN# _____ WK HRS/DAY _____
 POSITION _____ LOCATION _____ DATE _____
 LEAVE DATE FROM _____ THROUGH _____ PHONE _____

BEREAVEMENT LEAVE (BL)	JURY DUTY (JD)	PERSONAL NECESSITY (PN)	OTHER LEAVE (OL)
_____ Relationship <i>Death of immediate family. (See reverse for definition of immediate family)</i>	Attach jury duty verification <i>Coded as sick leave (SL) if not attached.</i>	Maximum of 10 days of accrued sick leave allowable per school year <i>See Articles 18.5.3 & 18.203 and specifics for PN usage.</i>	_____ Specify <i>List reason and use contract language.</i>

MEDICAL LEAVES

Employee Serious Health Condition Pregnancy Disability (ML/PD/FMLA)
Medical leaves require doctor's certification. Sick leave and/or disability coverage will be used.

It is the District's practice to run paid sick leave, vacation and comp time concurrently when using (ML) Pregnancy Disability Leave for pregnancy (including childbirth or related medical condition) and/or FMLA/CFRA Family Medical Leave Act for serious health condition of employee, spouse, parent, or child.

VARIOUS LEAVES							
Child Rearing <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Newborn or newly adopted child _____ % <i>Working</i> </td> <td style="width: 50%; border: none;"> Not newborn or newly adopted child _____ % </td> </tr> </table>	Newborn or newly adopted child _____ % <i>Working</i>	Not newborn or newly adopted child _____ %	FMLA/CFRA <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Parent</td> <td style="width: 33%; border: none;">Child</td> <td style="width: 33%; border: none;">Spouse or Registered Domestic Partner</td> </tr> </table> <i>Certification of Health Care Provider for Family Member's Serious Health Condition required. Certification of domestic partnership required.</i>		Parent	Child	Spouse or Registered Domestic Partner
Newborn or newly adopted child _____ % <i>Working</i>	Not newborn or newly adopted child _____ %						
Parent	Child	Spouse or Registered Domestic Partner					

Long Term <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> _____ % <i>Working</i> </td> <td style="width: 50%; border: none;"> _____ % <i>List reason and use contract language</i> </td> </tr> </table>	_____ % <i>Working</i>	_____ % <i>List reason and use contract language</i>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Yes – FMLA Benefits</td> <td style="width: 50%; border: none;">No – FMLA Benefits</td> </tr> </table> <i>District paid benefits provided during approved FMLA unpaid leave are contingent upon employee returning to work at the end of leave. Otherwise, employee will be billed the costs of the benefits.</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Intermittent</td> <td style="width: 50%; border: none;">Full Time</td> </tr> </table>	Yes – FMLA Benefits	No – FMLA Benefits	Intermittent	Full Time
_____ % <i>Working</i>	_____ % <i>List reason and use contract language</i>						
Yes – FMLA Benefits	No – FMLA Benefits						
Intermittent	Full Time						

STRS Reduced Workload <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> _____ % <i>Working</i> </td> <td style="width: 50%; border: none;"> _____ % </td> </tr> </table> <i>Attach STRS Reduced Workload Questionnaire.</i>	_____ % <i>Working</i>	_____ %	Paid Family Leave (PFL) Maximum 6 weeks unpaid leave <i>Must pay into State Disability Insurance (SDI).</i>
_____ % <i>Working</i>	_____ %		

Signature of Employee _____ Date _____

Signature of Principal/Supervisor _____ Date
(Signature denotes acknowledgement only)

FOR HUMAN RESOURCES USE ONLY

_____ Authorizing Signature _____ Date # of accumulated sick leave days _____

_____ Approved _____ Disapproved _____ Docked # of Personal Necessity Days used this year _____

BEREAVEMENT LEAVE – 18.7

Unit members shall be granted three (3) days paid leave of absence on account of death or any member of his/her immediate family and five (5) days if out-of-state travel is required. Prior approval is not required. Bereavement Leave days shall not be deducted from the sick leave balance.

To be granted the 5 days out-of-state, supporting documentation; such as Obituary Notice, Service Program or Death Certificate must be submitted.

FMLA/CFRA/FL - It is the District's practice to run paid sick leave, vacation, and comp time concurrently with otherwise unpaid:

- **FMLA/CFRA/FL Family Medical Leave Act/California Family Rights Act/Paid Family Leave** for serious health condition of spouse, registered domestic partner, parent, or child.
- **FMLA/CFRA/FL Family Medical Leave Act/California Family Rights Act/Paid Family Leave** for child care of a newborn or newly adopted child.
- District paid benefits provided during approved FMLA unpaid leave are contingent that the employee returns at the end of leave. If employee does not return from FMLA unpaid leave and opted to utilize District paid benefits, the employee will be billed for the cost of those benefits.

IMMEDIATE FAMILY shall mean the mother, mother-in-law, father, father-in-law, grandmother, grandfather, or grandchild of the employee or of the employee's spouse or registered domestic partner; the employee's spouse or registered domestic partner, son, son-in-law, daughter, daughter-in-law, child of a registered domestic partner, brother, brother-in-law, or sister, sister-in-law, stepfather, stepmother, stepchildren, foster parents, or any relative living in the employee's immediate household.

OTHER LEAVE can be used to identify Organizational Leave (UB).

Other Leave can also be used for Imminence of Death (ID) - 18.801. A partially paid leave not to exceed fifteen (15) days may be granted for a doctor certified critical or terminal illness of a member of the immediate family. The cost of a substitute will be deducted from the employee's salary warrant -18.802.

Upon request, a unit member shall be granted Parental Leave (PL) – 18.12, up to four (4) days of paid leave to be taken at the birth or adoption of his/her child. These days may be taken at the time of delivery of the child, receipt of the adoptive child and/or at the time the mother and child leave the hospital. The leave shall be deducted from sick leave.

PERSONAL NECESSITY LEAVE (PN) – 18.5

- 18.501 - Up to ten (10) days of leave of absence (accumulated sick leave) for illness or injury may be used for personal necessity.
- 18.502 - Advance permission shall not be required for any of the following purposes: (1) death or serious illness of a member of his or her immediate family. (2) Accident, involving his or her person or property, or the person or property of a member of his or her immediate family. (3) The birth or adoption of his/her child. (4) Death involving close friends or relatives other than immediate family. (5) Accident involving relatives other than members of the immediate family. (6) Illness involving relatives other than members of the immediate family. (7) Attendance at religious observances, weddings, or observances honoring a unit member or members of employees of the unit member's immediate family. (8) Attending to legal or business matters of compelling personal importance which cannot be attended outside the workday. (9) Unexpected personal or family situation which require immediate attention. (10) Appearance in court as a litigant.
- 18.503 - The days may not be taken for vacation, to extend holidays, nor to engage in concerted activities. The days are sick leave days and are not in addition to the current contribution of ten (10) days annually.
- 18.504 - The district may require appropriate written verification and/or documentation that this leave was taken for the purposes described in this article.

A dock of pay per Diem will result for day(s) taken in excess of the allowed 10 days per school year and/or a negative sick leave balance.

Jury and Legal/Legislative Leave (JD) -18.9

- A unit member shall be entitled to as many days of paid leave as are necessary for appearance on jury duty.
- A unit member shall be entitled to as many days paid leave as are necessary for appearance in any job-related legal proceeding.
- A unit member elected to a public office may be granted an unpaid leave of absence for his/her term or terms of office.