

Centinela Valley Union High School District
ABSENCE FORM FOR CERTIFICATED STAFF



EMPLOYEE INFORMATION (Please Print)

Last Name:	First Name:	M.I.:	Employee's Telephone: ()
School/Site Location Name:		Job Title:	

REASON FOR ABSENCE

1. Starting date of absence: Mo. / Day / Year Last date of absence (expected): Mo. / Day / Year
2. Total time expected of absence: _____ days; _____ hours

3. Select the appropriate type of absence below from the Illness section or the Non-Illness section. *The following types of absence may qualify for protection under 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. CVUHSD may also, on its own, designate an absence/leave as FMLA/CFRA protected, if the absence meets legal requirements.*

***CERTIFICATED STAFF ILLNESS ONLY: (Please refer to CVSTA collective bargaining agreement)**

A) Personal Illness and Injury Leave (Article 6.1.1) Dates: From: _____ To: _____

B) Industrial Accident Leave (Article 6.7 – Maximum 60 working days) Dates: From: _____ To: _____

C) Pregnancy Disability (Article 6.4 – Use accrued Personal Illness and Injury hours). Dates: From: _____ To: _____

D) Birth of Child (Article 6.10.10 – Maximum 5 consecutive days paid leave). Dates: From: _____ To: _____

E) Sick Leave at Half-Pay (Article 6.1.4 – Maximum 5 months). Dates: From: _____ To: _____

F) Critical Illness or Injury in the Immediate Family (Article 6.9 – Maximum 5 days). Dates: From: _____ To: _____

G) Catastrophic Leave (Article 6.11) Must submit *Request for Catastrophic Leave* Form to Human Resources. Dates: From: _____ To: _____

***CERTIFICATED STAFF NON-ILLNESS ONLY:**

A) Bereavement (Article 6.3 – Maximum 5 days) Identify Family Relation: _____

B) Judicial Leave Provide documentation from the Court
 (Jury Duty Article 6.6.1-Max 10 days) or (Witness in Court Article 6.6.3 – Full Pay)

C) Personal Necessity Leave (Article 6.2 – Max 7 days per school year). Explain: _____
 _____ Death or serious illness of unit member's immediate family. Identify Family Relation: _____
 _____ Serious accident involving unit member or immediate family. Identify Family Relation: _____
 _____ Discretion of employee (Maximum 3 days)
 _____ Visiting Child's School
 _____ Other personal necessities at the discretion of the Superintendent or designee

D) Sabbatical Leave (Article 6.8 – Must submit application to Human Resources). Explain: _____

E) Other Leaves:
 _____ Leave Without Pay (Article 6.5.1 – Maximum one year) Dates: From: _____ To: _____
 _____ Military Leave [Uniformed Services Employment and Reemployment Rights Act of 1994]. . Dates: From: _____ To: _____
 _____ Family Care and Medical Leave/California Family Rights Act (FMLA/CFRA Article 6.10). . Dates: From: _____ To: _____
 _____ Paid Parental Leave (Assembly Bill 2393 Effective January 1, 2017/Ed Code 44977.5). . . Dates: From: _____ To: _____

I certify my absence during my hours of assigned duty is because of the above listed reason in accordance with any applicable Board 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 penalty of perjury that the foregoing is true and correct.

Employee's Signature _____ Date _____

For Human Resources Verification/Approval:	Is the FMLA/CFRA supporting documentation received/on file with HR? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the FMAL/CFRA approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature _____	Date _____
Explanation: _____		
<i>(Use separate paper, if needed)</i>		
Administrators/Supervisor's Acknowledgement/Approval:		
Print Name _____	Signature _____	Date _____