



**LOS ANGELES UNIFIED SCHOOL DISTRICT
POLICY BULLETIN**

TITLE: Certification of Absence Forms

NUMBER: BUL-6307.3

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Office of the Superintendent

V. Luis Buendia, Controller,
Accounting & Disbursements Division

DATE: July 1, 2016

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 certification of FMLA supporting documents.

MAJOR CHANGES: The updated forms replace Certification/Request of Absence for Illness, Family Illness, New Child (Form No. 60.ILL; 7/8/2015) and Certification/Request of Absence for Non-Illness (Form No. 60.NON-ILL; 7/8/2015). Form No. 60.ILL has been revised to include statements indicating receipt of FMLA supporting documents, FMLA supporting documents are on file and the usage of time code SBTM for eligible Substitute/Temporary 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



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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.
 - iv. 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).*
 - v. 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 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. The employee must also indicate if the requests are for an unpaid leave of absence. The section also includes a statement to use SBTM time code for eligible Substitute/Temporary employees.
 5. The Administrator/Supervisor Section addresses the following:
 - a) Confirmation that FMLA supporting documentation has been received and is on file.



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- b) Approval/disapproval of the received FMLA request.
 - c) Administrator/supervisor's acknowledgment/approval which requires the name and signature of supervisor.
 - d) 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



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- 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.
3. The Administrator/Supervisor Section addresses the following:
- e) Confirmation that FMLA supporting documentation has been received and is on file.
 - f) Approval/disapproval of the received FMLA request.
 - g) Administrator/supervisor’s acknowledgment/approval which requires the name and signature of supervisor.
 - h) 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 7/1/16, 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 07/8/2015.



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Certification/Request of Absence for Illness, Family Illness, New Child
Form No. 60.ILL; Revised 7/1/2016

Certification and/or Request of Absence for Non-Illness
Form No. 60.NON-ILL; Revised 7/1/2016

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 7/8/2015 Certification/Request of Absence for Illness, Family Illness, New Child and 60.NON-ILL; Revised 7/8/2015 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-6529.1, *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*

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*



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Payroll Concepts Manual dated July 1, 2016

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 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.



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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	Substitute/Temporary <input type="checkbox"/> Yes <input type="checkbox"/> No	Employee's Telephone ()

REASON FOR ABSENCE

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

2. Total time (expected) of absence: ____ 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.

3. 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. LAUSD may also, on its own, designate an absence/leave as FMLA/CFRA, if the absence meets legal requirements.

A) My Personal Illness/Injury/Disability/Medical Appointment/Accident..... [See #6 & 8 below.]

B) My Occupational Illness/Injury or Act of Violence..... [See #6 below.]

C) My Pregnancy-related Illness/Disability..... [See #6 below.]

D) Illness/Injury/Disability/Accident-My Family Member (relation _____)..... [See #6 below.]
(Personal Necessity requested _____; Kin-Care requested _____)

E) Time-off for New-Born/Newly adopted/New foster care _____ Provide verification

NOTE: Absences "A" through "C" may qualify as Illness leave; "D", and "E" as Personal Necessity; "D" 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 Provider within 15 calendar days

5. Do you request FMLA/CFRA protections? (See District website or your supervisor for FMLA facts)..... Yes 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.

6. Is the appropriate medical certification submitted with this request? Yes No Not Required (new child)
NOTE: If the answer is "No", the correct medical certification must be submitted separately and promptly.

7. Is the request being made for unpaid leave/absence? Yes No

8. Eligible Substitute/Temporary employee as part of the Healthy Workplaces Healthy Families Act, use SBTM time code.

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 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 above listed reason in accordance with any applicable Board/PC 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 the penalty of perjury that the foregoing is true and correct.

Employee's Signature: _____ Date: _____

For Administrator/Supervisor: Is the FMLA supporting documentation received/on file? Yes No

Is the FMLA approved? Yes No

Explanation _____

Use separate paper, if needed

Administrator/Supervisor's Acknowledgment/Approval:

Print Name _____	Signature _____	Date _____
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Form No. 60.ILL; Revised 7/1/2016



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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 ()	

REASON FOR ABSENCE

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

2. Total time (expected) of absence: ____ 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.

3. 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.

<input type="checkbox"/> A) Accident or Imminent Danger to My Property (see rule).....	Explain _____
<input type="checkbox"/> B) Accident to Family Member's Property (see rule).....	Explain _____
<input type="checkbox"/> C) Auto failure (up to 2 hours) if car used for work (see rule).....	Explain _____
<input type="checkbox"/> D) Registration or Final Exam in Higher Education (see rule).....	Explain _____
<input type="checkbox"/> E) Religious Holiday of My Faith.....	Explain _____
<input type="checkbox"/> F) Bereavement (see rule).....	Identify Family Relation _____
<input type="checkbox"/> G) Conference Approved by District.....	Provide verification; Explain _____
<input type="checkbox"/> H) Jury Duty, or Appearance in Court under Order.....	Provide documentation from the Court
<input type="checkbox"/> I) Vacation (All regular classified employees & Certificated A basis).....	Subject to Approval
<input type="checkbox"/> J) Other Absences (identify _____).....	Explain _____

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

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 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 above listed reason in accordance with any applicable Board/PC 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 the penalty of perjury that the foregoing is true and correct.

Employee's Signature _____ Date _____

For Administrator/Supervisor: Is the FMLA supporting documentation received/on file? Yes No
 Is the FMLA approved? Yes No
 Explanation _____

Use separate paper, if needed

Administrator/Supervisor's Acknowledgment/Approval:

Print Name _____ Signature _____ Date _____
 For Administrator/Supervisor: Do you approve the requested absence? Yes No
 Explanation (If No): _____

¹ Rule to #3.A or 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/foster child 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. Imminent danger to property includes only your property, and is occasioned by disaster such as flood, fire, or earthquake.
² Rule to #3.C: Refer to applicable bargaining unit agreement or any applicable Board/PC rule.
³ Rule to #3.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 784, Paragraph B)
⁴ Rule to #3.F: 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 or any applicable Board/PC rule if another relationship is claimed.

Form No. 60.NON-ILL; Revised 07/01/2016

NON ILLNESSES