



LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

TITLE: Family and Medical Leave Act/California Family Rights Act Policy

NUMBER: BUL-1205.2

ISSUER: David Holmquist, General Counsel
Office of the General Counsel

DATE: September 11, 2015

ROUTING
All Employees
All Locations

POLICY: The District is committed to continued compliance with the federal Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA). FMLA and CFRA require that employers provide to an eligible employee a maximum of twelve (12) work weeks of protected leave per FMLA year for the employee’s own serious health condition; the serious health condition of a covered family member; to bond with the employee’s child after the child’s birth; placement with the employee of a child through adoption or foster care; or military exigency leave for a covered service member. An eligible employee is entitled to take up to 26 work weeks of protected leave per FMLA year to care for a covered military service member with a serious illness or injury sustained while on active military duty.

Where there is a conflict between the provisions of FMLA and CFRA, the provision which provides the greater family or medical leave rights to the employee will prevail.

MAJOR CHANGES: This bulletin replaces BUL-1205.1, of the same title, dated May 14, 2012. The content has been revised to reflect changes in the California Family Rights Act that were made to more closely align with FMLA. Major changes include:

1. Employer must notify employee of the consequence of failure to provide adequate certification at the time certification is requested.
2. Employer can request recertification upon the employee’s request for additional time either in the duration of the condition or the amount of leave needed.

PURPOSE: The purpose of this bulletin is to outline administrative procedures for responding to employee requests for FMLA/CFRA leave and to inform employees of their rights and responsibilities for taking FMLA/CFRA leave.

DEFINITIONS: **Family Member** – An employee’s parent, spouse/domestic partner, child (under 18 years), or child 18 years or older who is incapable of self-care because of a mental or physical disability within the meaning of Government Code section 1296(j) and (l). For military caregiver leave, next of kin is also considered a family member (FMLA only).

FMLA/CFRA leave – An absence of any length of time that qualifies for



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FMLA/CFRA protections.

Health Care Provider – A licensed physician, surgeon, osteopathic physician or surgeon, podiatrist, dentist, clinical psychologist, optometrist, chiropractor (limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X-ray), nurse practitioner, nurse midwife, clinical social worker, physician assistant, or a Christian Science Practitioner listed with the First Church of Christ, Scientist in Boston, Massachusetts.

Serious Health Condition – An illness, injury (including, but not limited to, on-the-job injuries), impairment or physical or mental condition that involves inpatient care or continuing treatment by a health care provider.

Site Administrator – The employee’s immediate supervisor or the immediate supervisor’s designee.

I. Eligibility

GUIDELINES: To be eligible for FMLA/CFRA leave a full-time or part-time employee must:

- A. Have been employed with the District for at least 12 months (52 weeks) at any time prior to a break in service of seven (7) or more years, except for a break in service caused by a military service obligation.
- B. Have worked at least 130 equivalent workdays (or 1,250 hours for Unit A, E, and G employees) in the 12 month period prior to the first day of absence.

If an employee is not eligible for FMLA/CFRA leave at the start of a leave because the employee has not met the 12 month length of service requirement, the employee may nonetheless still meet this requirement while on leave, however, time spent while on leave will not count towards the 130 workdays (or 1,250 hours) for purposes of eligibility.

II. Reasons for Leave

Eligible employees can receive FMLA/CFRA leave for any of the following reasons:

- A. Birth of an employee’s child (“bonding”). Leave must be completed prior to the child’s 1st birthday.
- B. Placement of a child with the employee for adoption or foster care, including time to prepare for the placement as well as bonding time after the placement of the child. Leave must be completed within one year of the child being placed with the employee.
- C. To care for the employee’s own Serious Health Condition.

Under FMLA, an employee’s pregnancy related conditions fall under a Serious Health Condition entitling the employee to FMLA leave. FMLA leave will run concurrently with leave under California’s Pregnancy Disability Leave Act (PDL). Pregnancy related leaves, however, do not exhaust CFRA leave entitlement because an employee is entitled to up to four months of protected time for pregnancy related conditions under PDL. Under California law, an



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employee eligible under CFRA and PDL may be provided leave up to 12 weeks plus 4 months.

- D. To care for the Serious Health Condition of a Family Member. (See Definitions.)
- E. Any qualifying exigency arising out of the employee's Family Member's active duty in the United States Armed Forces (or if such eligible family member has been notified of an impending call or order to active duty) in support of a contingency operation (FMLA only).
- F. To care for the employee's Family Member or next of kin who is undergoing medical treatment, recuperation, or therapy, or is otherwise on the temporary disability retired list for a serious injury or illness sustained while on active military duty in the Armed Forces (FMLA only for next of kin).

III. Health Care Provider Certification

Employees who request FMLA/CFRA leave for their own or a Family Member's Serious Health Condition must submit a "Certification of Health Care Provider" form (Form FMLA-1) within 15 calendar days of the request. The form must be complete and sufficient in order for FMLA/CFRA to be approved.

If the Certification of Health Care Provider form is not complete and sufficient, the employee will be notified of the deficiencies in writing and given seven (7) calendar days to correct the deficiencies.

At the time the Site Administrator requests certification the employee shall be advised of the anticipated consequences of his or her failure to provide adequate certification.

IV. Recertification

If additional time for the current certification form is needed, either in duration of condition or amount of leave needed, the employee must provide a new completed certification form.

V. Duration of FMLA/CFRA Leave

- A. An employee may take up to 12 weeks of FMLA/CFRA leave in a 12-month period. The 12-month period is measured forward from the date of the first FMLA/CFRA absence.
- B. An employee may take up to 26 weeks in a 12-month period for FMLA military caregiver leave. However, an employee who requires leave as a military caregiver is not entitled to more than 26 weeks in a 12-month period. For example, if an employee takes 12 weeks of FMLA leave for his/her own serious health condition and subsequently requires leave as a military caregiver, the employee is only entitled to 14 additional weeks of FMLA leave.

VI. Site Administrator Responsibilities

The Site Administrator has the following responsibilities:

A. Identify a Potential FMLA/CFRA absence



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It is not the employee's responsibility to request FMLA/CFRA. FMLA/CFRA regulations require that the Site Administrator identify an employee's need for FMLA/CFRA protections. An employee **may** be eligible for FMLA/CFRA protections in the event of:

1. Incapacity of more than 3 consecutive calendar days.
2. Intermittent absences for treatment or therapy.
3. Intermittent absences for "flare-ups" of a chronic medical condition.
4. Long-term disability (i.e., illness leave).
5. Employee's condition requires inpatient care in a hospital, hospice, or residential medical care facility.

B. Check Eligibility

The Site Administrator shall determine if the employee is eligible for FMLA/CFRA protections. (See the "Eligibility" section of this bulletin for more information.)

If the employee is eligible, the Site Administrator shall give the employee the Notice of Eligibility and Employee Rights & Responsibilities (Form FMLA-2). Verbal notice is not sufficient.

If the employee does not meet the eligibility requirements, the Site Administrator shall give the employee the FMLA/CFRA Designation – Not Approved notice (Form FMLA-4).

C. Request Health Care Provider Certification

If an employee has a qualifying FMLA/CFRA absence and is eligible for FMLA/CFRA protections, the Site Administrator shall request certification from the employee, unless already provided. If certification has not been provided at the time the employee notifies the Site Administrator of the need for absence, the Site Administrator shall also give the employee the Certification of Health Care Provider. (See the "Health Care Provider Certification" section of this bulletin for more information.)

D. Designating an Absence

Once the Site Administrator has reviewed the Health Care Provider Certification and determined the absence is being taken for a FMLA/CFRA qualifying reason, an FMLA/CFRA Designation – Approved (Form FMLA-3) notice shall be given to the employee.

If the certification form is not received, is incomplete, or is not for an FMLA/CFRA qualifying reason, an FMLA/CFRA Designation – Not Approved (Form FMLA-4) notice shall be given to the employee.

The designation notice shall be given to the employee within five (5) business days of the determination.

E. Track Amount of FMLA/CFRA Time Used

The maximum amount of FMLA/CFRA time an employee can use within an



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FMLA Year is 12 workweeks (60 days) for all reasons except Military Caregiver which allows a maximum of 26 workweeks (130 days).

The Site Administrator shall track the amount of FMLA/CFRA time used to ensure the employee does not exceed the amount of time allowed by the Health Care Provider Certification or the maximum days allowed in an FMLA Year.

F. Maintain Documentation

All certifications, re-certifications, and medical histories of employees or their Family Members are subject to the protections under the Health Insurance Portability and Accountability Act (HIPAA) as well as the Genetic Information Non-Discrimination Act (GINA).

All FMLA/CFRA documentation relating to the employee or employee's Family Member must be kept in a *confidential* file separate from the employee's regular personnel records. If the employee is taking a formal leave of absence (i.e. more than 20 working days), the original paperwork must be submitted to the appropriate Human Resources department and a copy should be kept at the work location.

VII. Employee Rights

If the employee's leave qualifies for FMLA/CFRA leave, the employee will have the following rights while on paid or unpaid FMLA/CFRA leave:

- A. Paid or unpaid FMLA/CFRA leave will not constitute a break in service for purposes of establishing longevity or seniority, or for layoff, recall, promotion, job assignment, or seniority-related benefits. Unpaid FMLA/CFRA leave, however, is not treated as credited service time for permanency, retirement, or benefit accrual, vesting, and eligibility.
- B. Maintenance of health benefits during any period of FMLA/CFRA leave under the same conditions as if the employee had continued to work. Should an employee go into unpaid status while on FMLA/CFRA leave, the District will continue to pay its portion of the health benefits premiums. Employees who are required to pay a portion of their health benefits premiums are required to continue to pay their portion of the health benefits premium regardless of their status (i.e., paid or unpaid).
- C. Reinstatement to the same or equivalent position upon return from FMLA/CFRA leave, subject to seniority rules in the event of layoffs in the employee's position. If the leave extends beyond the end of the employee's FMLA/CFRA entitlement, the employee does not have return rights under FMLA/CFRA. However, the employee may have rights under their respective Collective Bargaining Agreement.

VIII. Employee Responsibilities

If an employee's leave qualifies as FMLA/CFRA leave, the employee will have the following responsibilities while on FMLA/CFRA leave:

- A. Provide Site Administrator with 30 days advance notice of the need to take



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FMLA/CFRA leave when the need is foreseeable.

- B. When the need for leave is not foreseeable, the employee is expected to notify the Site Administrator as soon as practicable based upon the facts and circumstances.
- C. Comply with the usual and customary call-in and reporting procedures in accordance with their work location and Collective Bargaining Agreement.
- D. Make a reasonable effort to schedule treatment so as not to disrupt operations.
- E. Employees who are required to pay a portion of their health benefits premiums are required to continue to pay their portion of the health benefits premium regardless of their pay status (i.e. paid or unpaid).
- F. If the employee does not return to work following FMLA/CFRA leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle him or her to FMLA/CFRA leave; 2) the continuation, recurrence, or onset of a covered service member's serious injury or illness which would entitle the employee to FMLA/CFRA leave; or 3) other circumstances beyond the employee's control, the employee may be required to reimburse the District for health insurance premiums paid on behalf of the employee during their FMLA/CFRA leave.

IX. Compensation

FMLA/CFRA can be paid, unpaid, or a combination of both.

If the FMLA/CFRA absence is for the employee's own Serious Health Condition the employee is required to use any available full-pay illness, half-pay illness or vacation time.

If the FMLA/CFRA absence is to care for the employee's Family Member, employee is required to use any available Kin Care, Personal Necessity, or vacation time. All other time is unpaid. If the employee is receiving benefits under California Paid Family Leave program, however, the employee is not required to use available Kin Care, Personal Necessity, or vacation benefits.

X. Non-Retaliation and Protection from Interference with FMLA/CFRA Rights

Employers are prohibited from interfering with an employee's right to utilize FMLA/CFRA. Interfering includes discriminating or retaliating against an employee for having exercised or attempted to exercise FMLA/CFRA rights. Employees have the right to utilize FMLA/CFRA leave for any qualifying reason without criticism or discouragement. Also, an employee must not be subject to discipline for exercise of FMLA/CFRA rights.

Retaliation and/or Interference does not include an employer's pertinent contact/communications with the employee regarding the employee's job. The employer, however, is not permitted to contact the employee to induce the employee to return from leave or to require the employee to perform actual work. While an employee can freely exercise their right to take CFRA/FMLA leave under the law and not be disciplined for doing so, taking a protected leave of absence will not affect pending disciplinary proceedings or prevent discipline from being issued that



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is based upon legitimate reasons related to work performance and/or conduct.

AUTHORITY: This is a policy of the Los Angeles Unified School District. This policy is established in accordance with the Federal Family and Medical Leave Act and the California Family Rights Act.

RELATED RESOURCES: Los Angeles Unified School District FMLA/CFRA website:
<http://fmla.lausd.net>

Collective Bargaining Agreements, located on the LAUSD “Staff Relations” website:
From the LAUSD homepage go to “Offices” then “Staff Relations” then “Labor Relations”

Personnel Commission Rules:
From the LAUSD homepage go to “Offices” then “Personnel Commission”

United States Department of Labor, FMLA Regulations:
<http://www.dol.gov/dol/topic/benefits-leave/fmla.htm>

California Fair Employment and Housing Commission, CFRA Regulations
<http://www.dfeh.ca.gov/FEHCouncil.htm>

California Fair Employment and Housing Commission, California Pregnancy Disability Leave Act:
http://www.dfeh.ca.gov/Publications_StatLaws_PregDiscr.htm

California Employment Development Department, California Paid Family Leave: http://www.edd.ca.gov/Disability/FAQs_for_Paid_Family_Leave.htm

ASSISTANCE: For assistance or further information, contact the Absence Management Section in the Division of Risk Management and Insurance Services at 213-241-3954 or visit the FMLA/CFRA website at <http://fmla.lausd.net>.

FORMS:

1. Certification of Health Care Provider Form for Employee or Family Member’s Serious Health Condition (Form FMLA-1)
2. Notice of Eligibility and Employee Rights & Responsibilities (Form FMLA-2)
3. FMLA/CFRA Designation - Approved (Form FMLA-3)
4. FMLA/CFRA Designation – Not Approved (Form FMLA-4)



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Pregnancy Disability Leave (PDL)

Health Care Provider Certification
Employee or Family Member Serious Health Condition

SECTION I: For Completion by the SUPERVISOR

Please read and complete Section I before providing this form to your employee.

The Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA) and Pregnancy Disability Leave (PDL) state that an employer has the authority to require an employee to submit a medical certification issued by the employee's health care provider, if the employee is seeking a qualifying protected leave. You may not ask an employee to disclose information other than what is permitted under the applicable regulations. Employers must maintain confidential leave records that document an employee's medical certifications/recertifications, separately from the employee's personnel files.

- a) School Site/Division: _____
- b) Supervisor/Administrator: _____ Date: _____
- c) Employee Name: _____ Employee #: _____
- d) Employee's Job Title: _____
- e) Regular Work Schedule: _____
- f) Employee's Essential Job Functions: _____

Check if job description is attached.

SECTION II: For Completion by the EMPLOYEE

Please read and complete Section II before presenting this form to your medical provider.

FMLA, CFRA, and PDL state that an employer has the authority to require an employee to submit a timely, complete and sufficient medical certification to support a request for FMLA, CFRA, or PDL leave. Submittal of the medical certification is required by LAUSD in order to obtain and/or retain leave protections. Failure to provide a complete and sufficient medical certification may result in the denial of a request for protected leave. Employees have at least 15 calendar days to return this form.

The Genetic Information Nondiscrimination Act of 2008, Title II (GINA) prohibits employers and other entities covered by GINA, from requesting genetic information of an individual or family member, except as specifically allowed by this law. To comply with GINA, do not provide any genetic information when responding to this request for medical information.

Employee's full name: _____

Patient's name if other than employee: _____

Patient's relationship to employee: _____

Employee's Signature: _____

Date: _____



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Pregnancy Disability Leave (PDL)

SECTION III: For Completion by the HEALTH CARE PROVIDER

Please complete Section III and sign Page 3 of this document.

Please provide complete answers to all applicable questions below. Several questions seek a response regarding the frequency or duration of a condition and/or treatment. Your answer should be your BEST ESTIMATE based upon your examination of the patient and your prognosis. Please be as specific as possible, noting that terms such as "lifetime," "unknown" or "indeterminate" may not be sufficient to grant leave protections. Limit your responses to address only the condition for which the employee is seeking a protected leave.

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

Probable duration of condition or need for treatment: _____

2. Check definitions of serious health conditions below (A-F) that apply. (Detailed list attached)

_____ A. In-patient care in a hospital, hospice, or residential medical care facility
If yes, provide date(s) of admission: _____

_____ B. Serious incapacity causing absence of more than 3 consecutive days + 2 treatments

_____ C. Incapacity causing absence due to pregnancy or pre-natal care
If yes, expected delivery date: _____

_____ D. Serious chronic condition causing incapacity and requiring treatments

_____ E. Serious permanent condition or serious long-term condition

_____ F. Multiple treatments for serious health condition

3. Use the information provided by the Supervisor in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/ her job functions.

If certification is for the serious health condition of the employee, please answer the following:

A. Is the employee unable to perform any of his/her job functions due to the condition?
Yes No

If yes, identify the job functions the employee is unable to perform:



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B. If the certification is for the care of the employee’s family member, please answer the following:

Does (or will) the patient require assistance for basic medical hygiene, nutritional needs, safety, transportation, psychological comfort and/or arranging for third-party care for the family member? Yes No

PART B: AMOUNT OF LEAVE NEEDED

1. **Single Continuous Period of Time:** Is it medically necessary for the employee to be off work due to serious health condition of the employee or family member? Yes No

If yes, estimate the beginning and ending dates for the period of incapacity:
from _____ through _____

2. **Reduced Schedule Leave:** Is it medically necessary for the employee to work less than the employee’s normal work schedule due to serious health condition of the employee or family member? Yes No

If yes, indicate the part-time or reduced work schedule the employee needs:
_____ Hours per day; _____ Days per week; from _____ through _____

NOTES: _____

3. **Time Off for Medical Appointments or Treatment:** Is it medically necessary for the employee to take time off work for doctor’s visits or medical treatment? Yes No

If yes, estimate treatment frequency and treatment duration (including recovery period)
Frequency: _____ times per _____ week(s) or _____ month(s)
Duration: _____ hour(s) or _____ day(s) per appointment/treatment

NOTES: _____

4. **Intermittent Leave:** Is it medically necessary for the employee to be off work on an intermittent basis due to the serious health condition of the employee or family member? Yes No

If yes, based upon the patient’s medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may need (e.g., 1 episode every 3 months lasting 1 -2 days):

Frequency: _____ times per _____ week(s) or _____ month(s)
Duration: _____ hour(s) or _____ day(s) per episode



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NOTES: _____

Health Care Provider Verification

Please provide the following information pertaining to your practice:

Your Name _____

Your Name as Health Care Provider _____ Degree _____

Specialty/Type of Practice _____ License No. _____

Type of License _____

Address _____

Zip Code _____ Telephone _____

Endorse the following statement: "I certify that I am the treating health care provider for the above-named patient who is under my professional care. All of this information is true and correct to the best of my knowledge."

Original Signature (no stamp): _____ Date: _____

Serious Health Condition

A. Hospital Care

Inpatient care in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care. A person is considered an "inpatient" when a health care facility formally admits him or her to the facility with the expectation that he or she will remain at least overnight and occupy a bed, even if it later develops that such person can be discharged or transferred to another facility and does not actually remain overnight.

B. Absence Plus Treatment

- a. A period of incapacity of more than three (3) consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:
 - i. Treatment two or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or
 - ii. Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider.

C. Pregnancy; any period of incapacity due to pregnancy or for prenatal care

D. Chronic Conditions Requiring Treatment

A chronic condition which:

- a. Requires periodic visits for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider
- b. Continues over an extended period of time (including recurring episodes of a single underlying condition); and



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- c. May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.)
- E. **Permanent/Long-term Conditions Requiring Supervision**
A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.
- F. **Multiple Treatments (Non-Chronic Conditions)**
A period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three (3) consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), or kidney disease (dialysis).



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Family and Medical Leave Act/California Family Rights Act

DATE: _____

TO: _____ **EMPLOYEE ID #:** _____

FROM: _____

SUBJECT: FAMILY AND MEDICAL LEAVE ACT/CALIFORNIA FAMILY RIGHTS ACT (FMLA/CFRA) – NOTICE OF ELIGIBILITY AND EMPLOYEE RIGHTS & RESPONSIBILITIES

PART A – NOTICE OF ELIGIBILITY

You have notified the District of your need for absence or leave from work. In addition to the leave policies set forth in any applicable collective bargaining agreement, if you are eligible, your absence also appears to qualify for protection under the federal Family and Medical Leave Act (“FMLA”) and/or the California Family Rights Act (“CFRA”).

To be eligible for an FMLA/CFRA protected leave, an employee must have worked for LAUSD for at least 12 months (52 weeks) at any time over the past seven years and have worked at least 130 workdays (or 1,250 hours for employees in Units A, G and E) in the twelve (12) months preceding the leave.

PART B – RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA/CFRA LEAVE

For us to determine whether your absence qualifies as FMLA/CFRA leave, you must return a health care provider certification form to your worksite within fifteen (15) calendar days of receiving this notice. The certification form must contain sufficient information to support your request for FMLA/CFRA leave.

If required information is not provided in a timely manner, your leave may not be protected by FMLA/CFRA. Unprotected absences may be counted against you in your attendance report.

Once we obtain the information from you as specified above, we will inform you, within five (5) business days, whether your leave will be designated as an FMLA/CFRA protected leave and count towards your FMLA/CFRA leave entitlement.



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Employee Responsibilities

If your leave qualifies as an FMLA/CFRA protected leave, you will have the following **responsibilities** while on FMLA/CFRA Leave:

1. Provide 30 days advance notice of the need to take FMLA/CFRA when the need is foreseeable.
2. When 30 days advance notice is not possible, provide notice as soon as practical.
3. Comply with your worksite's normal call-in and reporting procedures.
4. Make reasonable effort to schedule treatment so as not to disrupt operations.
5. If you do not return to work following FMLA/CFRA leave for a reason other than: A) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA/CFRA leave; B) the continuation, recurrence, or onset of a covered service member's serious injury of illness which would entitle you to FMLA/CFRA leave; or C) other circumstances beyond your control, you may be required to reimburse the District for health insurance premiums paid on your behalf while on FMLA/CFRA leave.

Employee Rights

If your leave qualifies as FMLA/CFRA protected, you will have the following **rights** while on FMLA/CFRA leave:

1. You have a right under FMLA/CFRA for up to twelve (12) weeks of unpaid leave in a 12-month period calculated as the 12-month period measured forward from the date of your first FMLA/CFRA.
2. You have a right under FMLA for up to twenty-six (26) weeks of unpaid leave in a single 12-month period to care for a covered military service member with a serious injury or illness. This single 12-month period is measured forward from the date of your first absence to care for a covered military service member. However, you are not entitled to more than twenty-six (26) weeks in a 12-month period. For example, if you take twelve (12) weeks of FMLA leave for your own serious health condition and subsequently require leave as a military caregiver, you are only entitled to fourteen (14) additional weeks of FMLA leave.
3. Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
4. You must generally be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA/CFRA- protected leave. However, a layoff that would have led to separation of your employment if you had not taken an FMLA/CFRA protected leave will still lead to separation of your employment. (If your leave extends beyond the end of your FMLA/CFRA entitlement, you do not have return rights under FMLA/CFRA. However, you may have rights under your Collective Bargaining Agreement.)
5. If you do not meet the requirements for taking a paid leave, you may take an unpaid FMLA/CFRA protected leave.
6. If your FMLA/CFRA absence is for your own Serious Health Condition, you may use any available full-pay illness, half-pay illness or vacation time.
7. If your FMLA/CFRA absence is to care for your Family Member, you may use any available Kin Care, Personal Necessity, or vacation time. All other time is unpaid. If you are receiving benefits under California Paid Family Leave program, however, you are not permitted to use vacation benefits.

For a copy of conditions applicable to illness/vacation leave usage, please refer to your Collective Bargaining Agreement.



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September 11, 2015

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DATE: _____

TO: _____ **EMPLOYEE ID #:** _____

FROM: _____

SUBJECT: DESIGNATION NOTICE – FMLA/CFRA APPROVED
EFFECTIVE:

RE: YOUR ABSENCE STARTING _____ **THROUGH** _____

We have reviewed your request for leave under FMLA/CFRA and any supporting documentation that you have provided. As you may know, some absences that are health-related might be protected under the federal Family and Medical Leave Act (FMLA) and/or the California Family Rights Act (CFRA).

Your FMLA/CFRA protected leave request is approved.
FMLA/CFRA requires that you notify us as soon as practicable if dates of scheduled leave change, are extended, or were initially unknown. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your leave entitlement:

_____ Provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your FMLA/CFRA leave entitlement:

_____ Because the leave you will need will be unscheduled, it is not possible to provide the hours, days, or weeks that will be counted against your FMLA/CFRA entitlement at this time. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).



LOS ANGELES UNIFIED SCHOOL DISTRICT
Family and Medical Leave Act/California Family Rights Act

DATE: _____
TO: _____ **EMPLOYEE #** _____
FROM: _____
SUBJECT: DESIGNATION NOTICE – FMLA/CFRA NOT APPROVED

YOUR ABSENCE IS NOT DESIGNATED AS FMLA/CFRA

We have reviewed your request for leave under the FMLA/CFRA and any supporting documentation you have provided.

We do not approve your FMLA/CFRA protected leave request for the following reason(s):

- _____ You did not meet the eligibility requirements of working 130 days (or 1,250 hours for Units A, E, G) in the past 12 months; and being employed by the district for at least 12 months during the past seven (7) years.
- _____ You have exhausted your FMLA/CFRA leave entitlement in your current FMLA Year.
- _____ You either did not return the required Health Care Provider certification form in the 15 calendar days of receiving it, or provide a reasonable explanation for the delay. (Specific dates not approved are listed under "Other" below).
- _____ FMLA/CFRA does not apply to your leave request. Time off must be taken for one of the following reasons: the birth of (or bonding with) your new child; placement in your home of a new child by adoption or foster care; your own serious health condition; a serious health condition that requires your participation and/or care of your parent, child (under 18 years of age), spouse/domestic partner; military exigency leave (FMLA); or military caregiver leave (FMLA).
- _____ Additional information is needed to determine if your FMLA/CFRA protected leave request can be approved:
The Health Care Provider Certification you have provided is not complete and sufficient to determine whether the FMLA/CFRA applies to your leave request and/or how much absence time is required for your serious health condition. You must provide the requested information (listed below) no later than seven (7) calendar days from receipt of this notice or provide a reasonable explanation for the delay or your leave may be denied.
- _____ Other: