



LOS ANGELES SCHOOL POLICE DEPARTMENT  
STANDARD OPERATING PROCEDURE



**TITLE:** EMPLOYEE ATTENDANCE

**NUMBER:** SOP 19-003

**ISSUER:** Office of the Chief of Police *SKM*

**DATE:** March 14, 2019

**ROUTING**

All Department Employees

**PURPOSE:** Employees of this department are provided with a sick leave benefit that gives them continued compensation during times of absence due to personal or family illness. The number of hours available is detailed in the employee's respective personnel manual or applicable Collective Bargaining Agreement for Units, A, D, H and S.

The District-wide Staff Attendance Goal is for every employee to achieve at least 96% attendance, meaning the employee is at work at least 96% of their scheduled time.

This correspondence is not intended to cover all types of sick or other leaves. For example, employees may be entitled to additional paid or unpaid leave for certain family and medical reasons as provided for in the Family and Medical Leave Act (FMLA), the California Family Rights Act or for organ or bone marrow donor procedures (29 CFR 825; Government Code § 12945.2; Labor Code § 1510).

**MAJOR CHANGES:** Effective immediately this correspondence reinforces Lexipol Policy 1005, LAUSD Board of Education Policy 393 – 0304 and LASPD employees respective Collective Bargaining Agreement for Units, A, D, H and S. This replaces Los Angeles School Police Department SOP Section 15-001.

**INSTRUCTIONS:** EMPLOYEE RESPONSIBILITIES

Sick leave may be used for absences caused by:

- a) Illness, injury, disability, or medical, dental or vision exams or medical treatment appointment(s):
  - 1. For the employee or the employee's immediate family when it is not feasible to schedule such appointments during non-working hours
- (b) Occupational illness/injury, act of violence
- (c) Accident involving self
- (d) Illness, injury, disability involving family member
- (e) Accident involving family member
- (f) Temporary disability (including pregnancy/maternity)



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Upon return to work, employees shall complete and submit a LAUSD Certification/Request of Absence for Illness, Family Illness, New Child (Form No. 60.ILL; 10/01/17) leave request describing the type of leave used, the specific amount of time taken, and (as applicable) include the employee family member relation.

Personal Necessity leave may be used for absences caused by:

- (a) Accident or imminent danger to employees' property
- (b) Accident to family members' property
- (c) Auto failure (up to two hours) if car is used for work
- (d) Registration or final exam in higher education
- (e) Religious holiday of employee's faith
- (f) Bereavement

Upon return to work, employees shall complete and submit a LAUSD Certification and/or Request of Absence for Non-illness (Form No. 60.NON-ILL; 10/01/17) leave request describing the type of leave used and the specific amount of time taken.

Sick leave and Personal Necessity is not considered vacation, and abuse of sick leave may result in discipline and/or denial of sick-leave benefits. Employees on sick leave shall not engage in other employment or self-employment, or participate in any sport, hobby, recreational or other activity which may impede recovery from the injury or illness.

### NOTIFICATION

Employees are encouraged to notify the Watch Supervisor or appropriate supervisor as soon as they are aware that they will not be able to report to work. At a minimum, employees shall make such notification no less than one-half hour before the start of their scheduled shift. If an employee is unable to contact the supervisor in the case of an emergency, every effort should be made to have a representative contact the supervisor.

When the necessity for leave is foreseeable, such as an expected birth or planned medical treatment, the employee shall, whenever possible, provide the Department with no less than 30-days notice of the intent to take leave.

### EXTENDED ILLNESS

Employees absent from duty due to personal illness in excess of five consecutive days may be required to furnish a statement from their health care provider supporting the use of sick leave and/or the ability to return to work.





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Note: Consistent with the Collective Bargaining Agreement for Units A, D, H, and S, section 11.6, "The District shall have the authority to use whatever means are reasonably necessary to verify any claimed illness, injury, or disability under this Section before authorizing any compensation."

### SUPERVISOR RESPONSIBILITY

Supervisors should monitor sick leave usage and regularly review the attendance of employees under their command to ensure that the use of sick leave is consistent with this policy. Supervisors should address sick-leave use in the employee's performance evaluation when it has negatively affected the employee's performance or ability to complete assigned duties, and when unusual amounts of sick leave by the employee has had a negative impact on Department operations. When appropriate, supervisors should counsel employees regarding the excessive use of sick leave and should consider referring the employee to the Employee Assistance Program.

### RELATED RESOURCES:

Lexipol Policy 1005, incorporated as Appendix A  
LAUSD Board of Education Report Number 393 – 0304, incorporated as Appendix B  
Certification/Request of Absence for Illness, Family Illness, New Child (Form No. 60.ILL; 10/01/17) incorporated as Appendix C  
Certification and/or Request of Absence for Non-illness (Form No. 60.NON-ILL; 10/01/17) incorporated as Appendix D  
Current Collective Bargaining Agreement for Units A, D, H, and S

### ASSISTANCE:

If you have additional questions, contact the Office of the Chief of Police (213) 202-4508.

# Sick Leave

## 1005.1 PURPOSE AND SCOPE

Employees of this department are provided with a sick leave benefit that gives them continued compensation during times of absence due to personal or family illness. The number of hours available is detailed in the employee's respective personnel manual or applicable collective bargaining agreement.

This policy is not intended to cover all types of sick or other leaves. For example, employees may be entitled to additional paid or unpaid leave for certain family and medical reasons as provided for in the Family and Medical Leave Act (FMLA), the California Family Rights Act or for organ or bone marrow donor procedures (29 CFR 825; Government Code § 12945.2; Labor Code § 1510).

## 1005.2 EMPLOYEE RESPONSIBILITIES

Sick leave may be used for absences caused by:

- (a) Illness, injury, disability, or medical, dental or vision exams or medical treatment appointment(s):
  - 1. For the employee or the employee's immediate family when it is not feasible to schedule such appointments during non-working hours.
- (b) Occupational illness/injury, act of violence.
- (c) Accident involving self.
- (d) Illness, injury, disability involving family member.
- (e) Accident involving family member.
- (f) Temporary disability (including pregnancy/maternity).
- (g) Bereavement.

Upon return to work, employees shall complete and submit a LAUSD Certification/Request of Absence for Illness, Family Illness, New Child (Form No. 60ILL) leave request describing the type of leave used, the specific amount of time taken, and (as applicable) include the employee family member relation.

Personal Necessity leave may be used for absences caused by:

- (a) Accident or imminent danger to employees' property.
- (b) Accident to family members' property.
- (c) Auto failure (up to two hours) if used car for work (Bargaining Units A, B, C, D, H, and S).
- (d) Registration or final exam in higher education (Bargaining Units A, C, H, and S).

## *Sick Leave*

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- (e) Religious holiday of employee's faith.

Upon return to work, employees shall complete and submit a LAUSD Certification and/or Request of Absence for Non-illness (Form No. 60.NON-ILL) leave request describing the type of leave used and the specific amount of time taken.

Sick leave and Personal Necessity is not considered vacation, and abuse of sick leave may result in discipline and/or denial of sick-leave benefits. Employees on sick leave shall not engage in other employment or self-employment, or participate in any sport, hobby, recreational or other activity which may impede recovery from the injury or illness.

### **1005.2.1 NOTIFICATION**

Employees are encouraged to notify the Watch Supervisor or appropriate supervisor as soon as they are aware that they will not be able to report to work. At a minimum, employees shall make such notification no less than one-half hour before the start of their scheduled shift. If an employee is unable to contact the supervisor in the case of an emergency, every effort should be made to have a representative contact the supervisor.

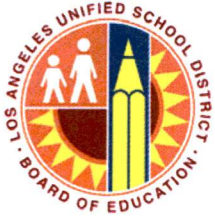
When the necessity for leave is foreseeable, such as an expected birth or planned medical treatment, the employee shall, whenever possible, provide the Department with no less than 30-days notice of the intent to take leave.

### **1005.3 EXTENDED ILLNESS**

Employees absent from duty due to personal illness in excess of five consecutive days may be required to furnish a statement from their health care provider supporting the use of sick leave and/or the ability to return to work.

### **1005.4 SUPERVISOR RESPONSIBILITY**

Supervisors should monitor sick leave usage and regularly review the attendance of employees under their command to ensure that the use of sick leave is consistent with this policy. Supervisors should address sick-leave use in the employee's performance evaluation when it has negatively affected the employee's performance or ability to complete assigned duties, and when unusual amounts of sick leave by the employee has had a negative impact on Department operations. When appropriate, supervisors should counsel employees regarding the excessive use of sick leave and should consider referring the employee to the Employee Assistance Program.



## **Los Angeles Unified School District Employee Attendance Policy**

While the vast majority of employees have a strong commitment to their work and excellent attendance, it is also clear that unnecessary absenteeism has a negative impact upon student achievement due to interruption of the continuity of instruction, and results in reduced productivity, loss of service, and significant costs to the Los Angeles Unified School District ("LAUSD"). The LAUSD Board of Education expects:

- Employees to maintain regular attendance and avoid absenteeism;
- Employees to work every hour that they are assigned;
- Employees to be at their work stations on time every working day;
- Employees to comply with legal restrictions, LAUSD policy and procedures, and the respective collective bargaining rules regarding reporting of absence and providing appropriate documentation;
- Supervisors to explain and insist upon regular attendance, maintain accurate employee attendance records, monitor employee attendance, provide performance feedback to employees and enforce all employee attendance policies and standards through employee performance evaluations and discipline processes.
- The District will make every attempt to avoid scheduling activities that contribute to staff absenteeism.

LAUSD seeks to assist administrators and supervisors to efficiently manage attendance, improve employee effectiveness through reduced absenteeism, and guide employees in appropriate use of illness and personal necessity time. Illness leaves are provided to ease the financial burden on employees who are unavoidably required to be absent from duty due to legitimate illness, injury, or personal necessity. Personal necessity leaves are provided for only eleven specific causes. Employees who use illness and personal necessity leaves for unauthorized reasons are in violation of District policy and related laws. Failure to comply with this policy can result in appropriate disciplinary action, up to and including termination.



# 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

☐ B) My Occupational Illness/Injury or Act of Violence

☐ C) My Pregnancy-related Illness/Disability..... ☐ Paid ☐ Unpaid

☐ D) Parental Leave (Birth of a child/Newly adopted/New foster care)..... ☐ Paid ☐ Unpaid

☐ E) Illness/Injury/Disability/Accident-My Family Member (relation \_\_\_\_\_)  
☐ Personal Necessity ☐ Kin-Care

**NOTE: Absences "A" through "D" may qualify as Illness leave; "D", and "E" as Personal Necessity; "E" 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 for serious health condition or other qualifying reason? ..... ☐ Yes ☐ No  
(See District website or your supervisor for FMLA facts)

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

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

Administrator/Supervisor's Acknowledgment/Approval:

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

For Administrator/Supervisor: Do you approve the requested absence? Yes ☐ No ☐

Explanation (If No): \_\_\_\_\_

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**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:

- ☐ A) Accident or Imminent Danger to My Person/Property (see rule<sup>1</sup>)..... Explain \_\_\_\_\_
- ☐ B) Accident to Family Member's Property (see rule<sup>1</sup>)..... Explain \_\_\_\_\_
- ☐ C) Auto failure (up to 2 hours) if car used for work on that day (see rule<sup>2</sup>)..... Explain \_\_\_\_\_
- ☐ D) Registration or Final Exam in Higher Education (see rule<sup>3</sup>)..... Explain \_\_\_\_\_
- ☐ E) Religious Holiday of My Faith..... Paid ☐ Unpaid ☐
- ☐ F) Court Appearance..... Paid ☐ Unpaid ☐ Provide Verification \_\_\_\_\_
- ☐ G) School Activity..... Paid ☐ Unpaid ☐ Provide Verification \_\_\_\_\_
- ☐ H) Bereavement (see rule<sup>4</sup>)..... Identify Family Relation \_\_\_\_\_
- ☐ I) Conference Approved by District..... Provide verification; Explain \_\_\_\_\_
- ☐ J) Jury Duty..... Provide documentation from the Court
- ☐ K) Vacation (All regular classified employees & Certificated A basis)..... Subject to Approval
- Accrued Vacation Hours Requested ☐ 1994 Vacation Bank Hours Requested ☐
- ☐ L) Paid Parental Leave (Birth of a child/Newly adopted/New foster care)..... Provide birth certificate or legal document
- Accrued Vacation Hours Requested ☐ 1994 Vacation Bank Hours Requested ☐
- ☐ M) Other Absences (identify \_\_\_\_\_)..... Explain \_\_\_\_\_

**NOTE: Absences "A" through "G" may qualify as Personal Necessity. Absences "K" and "L" 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 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 \_\_\_\_\_

Is there an FMLA/CFRA/PDL Approved Designation Notice on file that covers this absence? Yes ☐ No ☒

**Administrator/Supervisor's Acknowledgment:**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Explanation (If No): \_\_\_\_\_

<sup>1</sup> 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.

<sup>2</sup> Rule to #3.C, F, G: Refer to applicable bargaining unit agreement or any applicable Board/PC rule.

<sup>3</sup> 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 807)

<sup>4</sup> Rule to #3.H: The rule requires that the relationship be an immediate family member meaning under LAUSD's definition for bereavement. The immediate family is defined as the parent, grandparent or grandchild of the employee or the employee's spouse, and the spouse, child (including foster child), brother, sister, daughter-in-law, or son-in-law of the employee, or any relative living in the immediate household of the employee. Reference the specific section of the bargaining agreement or any applicable Board/PC rule for further information.

NON ILLNESS