



LOS ANGELES UNIFIED SCHOOL DISTRICT
Human Resources
Certificated Request for Leave of Absence

Last	First	Position	Pers ID/Emp No	
Street Address while on Leave	City	State	Zip	Telephone
School / Office	Telephone	Region	Status	

I. DATES OF REQUEST

For the reason indicated below, I request: Leave of absence Extension of leave Change in reason for leave.

The dates of the leave of absence are from _____ through _____

II. REASON FOR LEAVE

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. <input type="checkbox"/> Pregnancy-Related Disability Leave*</p> <p>2. <input type="checkbox"/> Pregnancy Leave* (non-disabled)*</p> <p>3. <input type="checkbox"/> Illness Leave - Self*</p> <p>4. <input type="checkbox"/> Personal Leave for Family Illness*
Name & Relation</p> <p>5. <input type="checkbox"/> Personal Leave, not for Family Illness.(Unpaid)
Applicable contractual reason: ***</p> <p>6. <input type="checkbox"/> Industrial Injury/Illness Leave Absence*
Worker's Compensation Claim #
Was this Injury Caused by an Act of Violence</p> <p><input type="checkbox"/> Parental leave (Paid) <input type="checkbox"/> Bonding (Unpaid)
Bonding with new child within the first year of
child's birth or placement of adopted/foster child
Date in home:</p> | <p>8. <input type="checkbox"/> Child Care leave, for care of employee's child
(Unpaid) Age of Child:</p> <p>9. <input type="checkbox"/> Substitute Leave</p> <p>10. <input type="checkbox"/> Half-time Leave</p> <p>11. <input type="checkbox"/> Reduced Workload Leave</p> <p>12. <input type="checkbox"/> Government Order Leave/Absence
Type:</p> <p>13. <input type="checkbox"/> Charter School Leave (Unpaid)**</p> <p>14. <input type="checkbox"/> Detached Service Assignment</p> <p>15. <input type="checkbox"/> Other than One-Half time (DACE only)</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

* These requests for leave require Certification of Health Care Provider Form 8239 (see Section VI "Certification of Health Care Provider" on page 2)

** Administrators are not eligible for charter school leaves.

*** Permissive leave must be cost neutral to the District.

Note: Leaves of absence may impact salary advances and status advances towards earning tenure. A service year that meets the requirement for salary advancement is 130 full-time days. Tenure (permanent status) is obtained after 2 consecutive years of qualifying service (75% of each year).

III. EMPLOYEE'S CERTIFICATION

If requesting leave for illness, family illness, pregnancy, industrial injury, birth, adoption, foster care, or childcare, I certify:

- I was not and will not be employed elsewhere during my regular work hours within the period claimed on this certification.
- If I am filing a claim for workers' compensation, I also certify that I will report to the workers' compensation claims administrator any money that I earn from any other employer during the period claimed by this certification.
- If I do not report any information regarding other earnings, I acknowledge that I may be in violation of the law, and the penalty may be a fine, loss of benefits, and/or imprisonment.
- 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 listed reason in accordance with the appropriate Collective Bargaining Agreement, and that all information on the two pages of this form is true and correct.

I declare under the penalty of perjury that I have read the entire paragraph above, and it is true and correct.

Employee's Signature:

Date:

IV. ADMINISTRATOR’S ACKNOWLEDGEMENT (Note: Administrator does not approve leave)

Acknowledgement of Leave Request

(Not Required for Extension)

Administrator or Head of School or Section

Date

Has this absence already been designated as FMLA? Yes No (If yes, provide copy of designation (FMLA – 1)

V. FMLA (Family Medical Leave Act) INFORMATION

Answer all of the following three questions (see Definitions of “FMLA” and related protections on attached page):

A. Yes No Are you requesting leave due to a “serious health condition?” (see definition page attached to this form)

B. Yes No Are you requesting leave under Family & Medical Leave/California Family Rights Act (FMLA/CFRA) with applicable job protections?

(For more information, refer to definitions attached to this form or see the District [Office of Risk Management’s website \(ORMIS\)](#) at: <http://www.lausd.org>. Click the Link to “Offices.”)

C. Yes No Has this current absence already been designated as FMLA/CFRA by your site?

FMLA & CFRA leaves run concurrently with a District leave. Some leaves may not qualify for FMLA, therefore the FMLA protections would not be applicable. In addition, other leaves may be designated by the District as FMLA-qualifying, with notification to the employee.

VI. CERTIFICATION OF HEALTH CARE PROVIDER

On page 1, Section II, for #1-4 & #6, you must submit verification of the health condition. Check one:

Certification of Health Care Provider (LAUSD Form 8239) is submitted and attached to this form.

Certification of Health Care Provider (LAUSD Form 8239) is not attached but will be mailed separately within 15 days as instructed in “B” below.

VII. HR APPROVALS

(The required acknowledgement of this Leave Request by the Site Administrator [or Section Head] is at the bottom of page 1.)

Approved as requested

Modified** Disapproved**

Human Resources Division

Date

Date of Return-to-Work

Date Employee

Informed

Approved as requested

Modified** Disapproved**

Employee Health Services (if applicable)

Date

**Rationale for modification or disapproval of this request

After completing this form:

A. View carefully for accuracy to avoid any delay in processing. An ending date for the leave may be an estimate and can be updated later. Entries such as “Indefinite,” “Unknown,” or “Pending Review” are unacceptable.

B. Secure signature of administrator and forward email the completed Form 1065 and appropriate attachments to Human Resources, either to

(1) **Teachers or Support Personnel:** HRAssignments@lausd.net

(2) **Administrators/Management Personnel:** AdminAssignments@lausd.net

(3) **Adult Education Teachers and Support Personnel:** AdultandCareerEd@lausd.net

(4) **Early Childhood Education Personnel:** EarlyChildhood@lausd.net

C. For an extension of leave, Form 1065 with the attachments may be sent directly to the appropriate assignments office, but the site must be notified of this request for extension.

D. If you are on unpaid leave of absence that is unprotected by FMLA/CFRA, and you wish to continue your medical/dental coverage, contact the Benefits Administration Office on their website <http://www.lausd.org/benefits> or calling (213) 241-4262.

(Note: These definitions are for information only. These pages are not to be submitted with your request for leave.)

VIII. DEFINITIONS

Leaves of absence are granted in accordance with the provisions of Article XII of the District/UTLA Agreement, Article X of the District/AALA Agreement, and applicable Personnel Policy Guides (**PG**). Copies of the Agreements (**UTLA & AALA**) are available on-line (www.utla.net and <https://aala.us/>); the Personnel Policy Guides (**PG**) are also available at <https://www.lausd.org/HR>, clicking the link “HR Forms” and then “Personnel Policy Guides.” In the definitions below, specific section references in the District/UTLA Agreement and the District/AALA Agreement follow each entry and provide information on eligibility, application procedures, rights upon return, effects of cancellation, and employee obligations in connection with returning to service or requesting an extension.

The leave of absence types that may be authorized are listed below:

1. **PREGNANCY-RELATED DISABILITY LEAVE** (UTLA: XII,10; AALA: XI,7)
Submit Form # 8239 “Certification of Health Care Provider” specifying temporary disability due to pregnancy, miscarriage or childbirth.
2. **PREGNANCY LEAVE – NON-DISABILITY** (UTLA: XII,10; AALA: XI,7)
This is an unpaid leave. Submit Form # 8239 “Certification of Health Care Provider” confirming circumstances involving request for leave for pregnancy, miscarriage or childbirth.
3. **ILLNESS LEAVE** (UTLA: XII,17; AALA: XI,4)
Submit Form # 8239 “Certification of Health Care Provider” indicating a disabling condition that precludes performance of job duties and/or causes incapacity to perform normal daily functions.
4. **PERSONAL LEAVE for FAMILY ILLNESS** (UTLA: XII,14,17; AALA: XI,14)
Submit Form # 8239 “Certification of Health Care Provider” indicating care for family member is needed for family member’s disabling condition which causes incapacity to perform normal daily functions. *Typically, up to 6 additional days of paid Personal Necessity per fiscal year, and up to 6 additional days of paid Kin-Care per calendar year can be used and deducted from the employee’s full-pay illness balance to the extent that an employee has those hours in the employee’s full-pay illness balance.*
5. **PERSONAL LEAVE, *not* for FAMILY ILLNESS** (UTLA: XII,17; AALA: XI,14)
See UTLA and AALA contracts for qualifying reasons. Indicate type of leave and submit supporting documents.
6. **INDUSTRIAL INJURY/ILLNESS LEAVE OF ABSENCE** (UTLA: XII,22; AALA: XI,6)
Submit [Workers’ Compensation Claim Form DWC.1](#) which indicates illness/injury arising from District employment (subject to approval by the District’s current Workers’ Compensation administrator). The Workers’ Compensation claim number must be included. For Act of Violence, please refer to the Integrated Disability Management website, <https://www.lausd.org/idm>.
7. **BONDING with NEW CHILD** (UTLA: XII,24; AALA: XI,16)
This type of leave must be taken within the first year following the date of birth or date of placement in home due to adoption or foster care. Temporary employees who qualify for FMLA/CFRA may use any available Paid Sick Hours. All other certificated employees who have been employed by the district for at least one year must use any available illness time (full pay or half-pay). If the employee exhausts all illness time during the 12 weeks of parental leave, the employee will continue to receive half-pay for the remaining 12 weeks.
8. **CHILD CARE LEAVE** (UTLA: XII,11; AALA: XI,12)
“Child” is defined as 4 years or younger as of the beginning date of the leave. Attach copy of child’s birth certificate or other official verification.
9. **SUBSTITUTE LEAVE** (UTLA: XII,20)
If approved, a Substitute Availability Statement will be mailed to you; return information will be included.
10. **HALF-TIME LEAVE** (UTLA: XII,21)
Attach statement from school administrator confirming that a half-time assignment will be programmed.
11. **REDUCED WORKLOAD LEAVE** (UTLA: XII,22)
Employee’s schedule must be agreed upon by both principal and teacher for HR approval. Attach Form 1070 (Reduced Workload Leave Agreement) indicating a half-time assignment schedule is requested and approved.
12. **GOVERNMENT ORDER LEAVE OR ABSENCE** (UTLA: XII,18; AALA: XI,8)
Indicate type of leave with official supporting documents. For pay policy pertaining to jury duty, see Bulletin S-10, 4/28/03. It can be assessed through “LAUSD.net” under the link for Employment/Certificated/Policies.
13. **CHARTER SCHOOL LEAVE** (UTLA: XIIB,2.0)
Available for Board approved conversion charter schools that are separating from the District. Attach letter of hire from the charter school.
14. **DETACHED SERVICE ASSIGNMENT**
This is a temporary assignment of a permanent employee on “loan” to an outside agency to provide services that also benefit the District. Call Personnel Research at (213) 241-6356 for required documents.
15. **OTHER THAN ONE-HALF TIME (DACE)**
A leave for other than one-half time may be granted on a year-to-year basis subject to school schedules, availability of classes, and approval by the principal and the Division of Adult and Career Education (DACE)

FAMILY AND MEDICAL LEAVE ACT (FMLA) and **CALIFORNIA FAMILY RIGHTS ACT (CFRA)** provide certain employment protections, such as job return and District-paid health benefits, if the eligible employee needs time off for the “serious health condition” of the employee or the employee’s qualifying family member, or for bonding with a new child in the family. FMLA/CFRA leave can be taken as unpaid in some circumstances, but whenever permissible, it shall be taken concurrently with other paid District leaves (see next section). The District may unilaterally designate a FMLA/CFRA leave, or a concurrent paid leave, based on available information from the employee. A leave under FMLA/CFRA is not to exceed 12 work weeks per FMLA year. An individual must have been employed by the District for at least 12 months and have worked at least 130 workdays during the 12 months immediately preceding the effective date of the FMLA leave. Proper documentation must be submitted. For additional information on leaves and/or FMLA/CFRA, visit the [LAUSD Homepage \(http://www.lausd.org/\)](http://www.lausd.org/), click the [Offices](#) link and proceed to the link for the [Office of Risk Management](#), or call the FMLA Leaves Section at (213) 241-3954.

CONCURRENCE UNDER FMLA/CFRA means that FMLA/CFRA leave is assigned simultaneously with a District paid (or unpaid) absence. Under the District’s collective bargaining agreements, and pursuant to the regulations of FMLA and CFRA, if an employee’s leave constitutes a qualifying leave under the FMLA and/or CFRA and also constitutes a basis for another type of District leave, such as illness leave, personal necessity leave, workers’ compensation leave, or vacation, the District will require the employee to take FMLA/CFRA concurrently with the other District leave. Similarly, when an employee has requested and is taking FMLA/CFRA, the District shall require and notify the employee requesting FMLA to utilize paid illness time or paid vacation, whenever permissible under the law.

FMLA MAY BE A PAID LEAVE, OR AN UNPAID LEAVE depending on whether the circumstances qualify for another type of leave that would be paid by the District. In this event, the District would require the District paid leave and FMLA to operate concurrently. An absence taken as FMLA/CFRA which also qualifies for a paid District absence shall be taken as paid absence, if the employee has an available accrued illness or vacation balance. Similarly, an absence qualifying as FMLA/CFRA that is taken with a District unpaid absence shall be unpaid and shall be deducted from the employee’s FMLA/CFRA balance of 12 weeks. Instructions for the use of proper payroll codes are intended to ensure that the leaves are taken concurrently. The employee taking absence for a FMLA/CFRA-qualifying reason will need to provide the requested verification.

PERTAINING TO PREGNANCY DISABILITY, an absence or leave due to disability caused by pregnancy, childbirth, or related medical conditions taken under the California Government Code provides up to four months of job-protected leave and is separate and apart from CFRA. Absence or leave for disability caused by pregnancy, childbirth, or related medical conditions is counted as FMLA and as Pregnancy Disability Absence/Leave. It is not counted as CFRA. Thus, leave based on a pregnancy-related disability is not subtracted from an employee’s 12 weeks of available time for the later use of CFRA, so that CFRA may still be available, if requested and otherwise eligible, for instance, for bonding with a new child. The employee taking absence for pregnancy disability will need to provide the requested verification.

QUALIFYING FAMILY MEMBER UNDER FMLA is defined as employee’s child under age 18, parents, spouse, or registered domestic partner.

SERIOUS HEALTH CONDITION is defined as a health condition that causes the individual to be incapacitated and unable to perform normal daily functions and creates the need to be under continuing supervision and treatment of a health care provider. Submit Form 8239 “Certification of Health Care Provider” indicating the health condition that requires the need for leave. For more details, request a copy of the definition for “serious health condition”, or see the District website under Office of Risk Management

(on the website <http://www.lausd.org/> by going to the Link to “[Offices](#)”, and clicking “[Risk Management](#)”), or call FMLA Leaves Section at (213) 241-3954.
