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 _____/_____/_____ (**Mo. Day Yr.**) Last date of absence (expected) _____/_____/_____ (**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[1])..... Explain _____

☐ **B)** Accident to Family Member's Property (see rule[1])……..……. Explain _____

☐ **C)** Auto failure (up to 2 hours) if car used for work on that day (see rule[2])…….…..... Explain _____

☐ **D)** Registration or Final Exam in Higher Education (see rule[3])…….…..... 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[4])…….…… 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):_____

[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, F, G: 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 807)

[4] 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