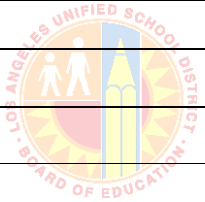


# Los Angeles Unified School District

## 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

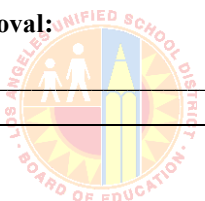
Is the FMLA approved?  Yes  No

Explanation \_\_\_\_\_

*Use separate paper, if needed)*

**Administrator/Supervisor's Acknowledgment/Approval:**

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



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