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		Employee's Contact Telephone No. ( )

REASON FOR ABSENCE

1. Check one: ☐ **New absence** ☐ **Extension of ongoing absence** ☐ **Intermittent absence/Reduced schedule**

2. Starting date of absence _____/_____/_____ (Mo. Day Yr.) Last date of absence (expected) _____/_____/_____ (Mo. Day Yr.)

3. Total time (expected) of absence: _____ **weeks;** _____ **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.

4. 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 (see page 2). 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 Appt. …… [See #7 below.]
- ☐ **B)** My Occupational Illness/Injury or Act of Violence …… [See #7 below.]
- ☐ **C)** My Pregnancy-related Illness/Disability …… [See #7 below.]
- ☐ **D)** Accident Involving My Person …… [See #7 below.]
- ☐ **E)** Illness/Injury/Disability–My Family Member (relation _____) …… [See #7 below.]
  (Personal Necessity requested _____; Kin-Care requested _____)
- ☐ **F)** Accident Involving My Family Member (relation _____) …… [See #7 below.]
- ☐ **G)** Time-off for New-Born/Newly adopted/New foster care …… Provide verification.

(NOTE: Absences "A" through "D" may qualify as Illness leave; "E", "F" & "G" as Personal Necessity; "E" may also be Kin-Care.

FMLA/CFRA INFORMATION

5A. Is the absence due to a "serious health condition" (see separate FMLA form for Definitions) …… ☐ **Yes** ☐ **No**
(Important Note: To confirm serious health condition, you are required to return "FMLA Certification of Health Provider within 15 calendar days')

5B. If yes, do you have in your possession the form 'FMLA Certification of Health Provider? …… ☐ **Yes** ☐ **No**

6. 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.

7. 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.)

8. Is the request being made for unpaid leave/absence? ☐ **Yes** ☐ **No**

I certify I was not and will not be employed elsewhere during my regular work hours within the time period claimed on this certification. 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. I declare under the penalty of perjury that the foregoing is true and correct.

Employee's Signature: _____ **Date:** _____

Administrator/Supervisor's Acknowledgement:

_____ _____ _____
Print Name Signature Date

For Administrator/Supervisor: Do you recommend that absence be approved? ☐ **Yes** ☐ **No**

Explanation _____

Use separate paper, if needed)