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 Contact Telephone No. ( )

REASON FOR ABSENCE

1. Check one: **New absence** ☐ **Extension of ongoing absence** ☐

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 the appropriate type of absence:
Typically, these types of absence do NOT qualify for the Family and Medical Leave Act ("FMLA") and/or the California Family Rights Act ("CFRA"). However, if the reason meets legal requirements, you may request such FMLA/CFRA protection. LAUSD may also, on its own, designate an absence as FMLA/CFRA protected, if information indicates that the legal requirements are met.]

- ☐ **A)** Accident or Imminent Danger to My Property (see rule[1]) …… Explain _____
- ☐ **B)** Accident to Family Members' Property (see rule[1]) …… Explain _____
- ☐ **C)** Auto failure (up to 2 hrs) if used car for work (Units A,B,C,D&S)……. Explain _____
- ☐ **D)** Registration or final exam in higher education (Units A,C&S) …. ….. Explain _____
- ☐ **E)** Religious Holiday of My Faith …… Explain _____
- ☐ **F)** Bereavement (see rule[2]) …… Identify Family Relation _____
- ☐ **G)** Conference Approved by District ..... Provide verification; Explain _____
- ☐ **H)** Jury Duty, or Appearance in Court under Order …… Provide documentation from the Court
- ☐ **I)** Vacation (Regular Classified & Certificated "A" basis employees) ……. Approval only. Certification **below** not applicable
- ☐ **J)** Other absences* (identify _____) ..... Explain _____

[* such as time needed due to school suspension of your child (Labor Code 230.7), or other absences under Labor Code]

NOTE: Absences "A" through "E" may qualify as Personal Necessity.

Additional Explanation, if needed _____

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)

[1] Rule to #4.A or B above: 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 agreement 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 #4.F above: The rule requires that the relationship be an immediate family member meaning under LAUSD's definition for bereavement, either your family or spouse's family, 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 agreement if another relationship is claimed.