

PLACENTIA-YORBA LINDA UNIFIED SCHOOL DISTRICT

CLASSIFIED LEAVE HANDBOOK



PLACENTIA-YORBA LINDA UNIFIED SCHOOL DISTRICT

Summary of Classified Employee Leaves of Absence

Employee needs to request leave as soon as possible to allow sufficient time to secure a substitute, if necessary. All requests for leave must be approved.

- A. Personal Illness – non-work related
 - a) Doctor's note may be required after three (3) days of absence.
 - b) Earned and accumulated sick leave, if available.
 - c) One hundred (100) days of Education Code sick leave at half-pay.
 - d) May use vacation days, if available. Please notify the Payroll Department.
 - e) A Catastrophic Leave Bank is available for classified employees.
 - f) Up to twelve (12) weeks of Family Medical (FMLA) and California Family Rights Act (CFRA) leaves run concurrently with sick leave.
 - g) Unpaid leave of absence available upon request per employment agreement.
 - h) Interactive accommodation meeting upon request.
 - i) If medically laid off, 39-month re-hire list placement may be available.

- B. Personal Necessity Leave/ Compelling Personal Importance
 - a) Seven (7) sick leave days per year may be used for Personal Necessity, two (2) of which may be used for Compelling Personal Importance.

- C. Industrial Accident Leave
 - a) Employee needs to notify supervisor immediately about any work-related injury or illness. The Supervisor or designee will provide the necessary paperwork within twenty-four (24) hours of the notification.
 - b) Doctor's note required for all Workers' Compensation absences. Doctor must be the employee's pre-approved personal physician or a physician from the Medex Healthcare, Inc. MPN list. (www.talispoint.com/medex/athens)
 - c) Sixty (60) days of District benefits. Note: not available until one (1) year after the date of hire.
 - d) Earned and accumulated sick leave, if available.
 - e) One hundred (100) days of Education Code sick leave at half-pay.
 - f) May use vacation days, if available. Please notify the Payroll Department.
 - g) Up to twelve (12) weeks of FMLA/CFRA leaves run concurrent with Workers' Compensation leave.
 - h) Unpaid leave of absence available upon request per employment agreement.
 - i) Interactive accommodation meeting upon request.
 - j) If medically laid off, 39-month re-hire list placement may be available.

- D. Bereavement Leave
 - a) Three (3) days for an immediate family member and two (2) additional days if needed to travel more than 300 miles one way.
 - b) May request additional leave as personal necessity.

E. Court Appearances

- a) Jury Duty - Employees will be paid for their time off for jury duty. Any fees received for jury duty (less mileage) must be reimbursed to the District.
- b) Witness Testimony – Employees will be paid for time off if called to testify in court. Any fees received to testify (less mileage) must be reimbursed to the District.

F. Maternity Leave

- a) Doctor's note may be required after three (3) days of absence.
- b) After the birth of a baby, employee may take six (6) weeks of leave for a normal delivery and eight (8) weeks of leave for a Caesarian section delivery.
- c) Earned and accumulated sick leave, if available.
- d) One hundred (100) days of Education Code sick leave at half-pay.
- e) May use vacation days, if available. Please notify the Payroll Department.
- f) Up to seventeen (17) weeks of Pregnancy Disability Leave (PDL) concurrent with FMLA, but not concurrent with CFRA.
- g) Up to twelve (12) weeks of Family Medical Leave (FMLA) concurrent with PDL/CFRA.
- h) Up to twelve (12) weeks of California Family Rights Leave (CFRA) concurrent with FMLA.
- i) Unpaid leave of absence available upon request per employment agreement.

G. Child Bonding and Adoption

- a) Up to twelve (12) weeks of FMLA/CFRA may available to bond with a newborn or to care for an adopted or foster child.
- b) This leave must be completed within one year of the birth, adoption or placement.

H. Fatherhood Leave - Classified

- a) Up to three (3) days of paid or unpaid leave for fatherhood, adoption or placement of a foster placement of a child.
- b) FMLA/CFRA leaves run concurrently with Fatherhood Leave

I.– J. Serious Health Condition for Yourself or a Family Member

- a) Up to twelve (12) weeks of FMLA/CFRA leaves are available for specified reasons related to a serious health condition of your own or a family member.

K. Military Leave

- a) Pay will continue for up to one month of your salary.

L. Leave Related to a Family Member on Active Duty

- a) Up to twelve (12) weeks of FMLA/CFRA leaves for specified reasons related to a family member's military service.
- b) Up to twenty-six (26) weeks of FMLA/CFRA leaves to care for a family member who is a current member of the armed service and has a serious injury or illness incurred in the line of duty or active duty.

M. Additional Leave Refer to the employment agreement.

Note: This Summary of Employee Leaves of Absence is a brief review. Please refer "Leave for Classified Employees" for a detailed explanation of each of the employee leave options.

PLACENTIA-YORBA LINDA UNIFIED SCHOOL DISTRICT

LEAVE FOR CLASSIFIED EMPLOYEES

While you are on a paid leave of absence, you are entitled to:

- a. Receive wages and employee benefits including insurance and retirement,
- b. The same right to a position in the District as if the leave has not been taken,
- c. Receive credit for applicable annual salary increments during the leave.

Leaves granted under the federal Family Medical Leave Act (FMLA), the California Family Rights Act (CFRA), California Pregnancy Disability Leave (PDL), Worker's Compensation, California Education Code and all other leaves run concurrently as appropriate and sanctioned by law. Your leave under FMLA and/or CFRA may not extend beyond an established separation date.

Health Benefits. Your eligibility for health benefits will continue until your Personal Illness Leave, accrued vacation leave (if you choose to use it), Worker's Compensation Leave, California Education Code, federal Family Medical Leave Act (FMLA) and California Family Rights Act Leave (CFRA) are all exhausted. Once you have exhausted all leaves of absence listed above, you may continue your benefits at your expense if you are on approved unpaid leave of absence. If you are no longer eligible for health benefits, you will be offered the option to continue your benefits at your expense through the District's COBRA program for up to 18 months, followed by CalCOBRA for an additional 18 months.

Life Insurance. Your employee group life insurance ceases at the termination of your active employment or at the time of your reduction in hours to a class of employees that is not eligible for life insurance. You have the right to convert your group policy to an individual policy within 31 days of your termination, reduction in hours, resignation or retirement. See Risk Management for a conversion application.

Leave of Absence. As part of the employee benefit provided to you by the Placentia-Yorba Linda Unified School District, you are provided with paid and unpaid leave for the following purposes.

A. Personal Illness Leave

If you are ill or injured for reasons unrelated to the course and scope of your employment, you are entitled to paid time off.

1. Eligible uses.

- a. **Illness, injury and medical checkup.**
- b. **Pregnancy, miscarriage, childbirth and recovery** if the absence is documented with a physician's statement that the employee is unable to perform assigned duties.
- c. **Prior to using approved unpaid leave.** You may use sick leave until it is exhausted before taking unpaid leave for your serious illness or maternity.

2. Number of personal illness leave days. If you are ill or injured for reasons unrelated to the course and scope of your employment, and you are a full-time employee working eight (8) hours per day and five (5) days per week, you are entitled to one (1) eight-hour day of personal illness leave for each month you are in paid status. You will receive your full salary for each hour of this leave.

If you are a part-time employee you are entitled to personal illness leave in the proportionate amount of time related to working an eight hour day/five days per week. For example: if you work three (3) hours per day, five (5) days per week, you are entitled to one (1) three-hour day of personal illness leave for each month you are in paid status.

New full-time employees will not be able to take more than twelve (12) personal illness days, or proportionate time if you are employed less than full-time, until the first day of the month following the

completion of your initial six months of active service in the Placentia-Yorba Linda Unified School District.

3. **Accrual.** Unused personal illness leave may accrue to the next school year. No later than October 30 of each year, you will receive written notice of your accrued hours of personal illness leave and personal illness leave entitlement for the school year.
4. **Additional Personal Illness Leave.** If you have permanent status as an employee of the Placentia-Yorba Linda Unified School District, you are entitled to an additional one hundred (100) days of personal illness leave, which is paid at the rate of 50% of your regular salary. This leave will be paid after you have exhausted accrued personal illness leave at your full rate of pay.
5. **Catastrophic Illness Leave.** You may be eligible to request additional leave through the District's Catastrophic Illness/Injury Leave Bank. The leave bank consists of voluntary donations of earned and unused sick leave hours and/or earned and unused vacation hours by classified employees.
 - a. **Eligibility.** To be eligible you must be a classified employee who has donated to the Leave Bank within the twelve (12) month period prior to your request.
 - b. **Request for Catastrophic Leave.** You may request Catastrophic Leave if you suffer a catastrophic injury/illness as certified by a physician and you have exhausted all other available leaves, including illness/injury leave, California Education Code Leave, vacation, compensatory time off and Worker's Compensation injury/illness leave. You may request up to the number of hours you would work in a six (6) month work calendar. If more hours are needed, you may reapply.
 - c. **Pay Status.** While on approved Catastrophic Leave, you will be considered in regular paid status and be compensated for each day at the rate you would have received had you worked on that day. Your employee health benefits will continue (less any appropriate employee contribution, if any) until all leaves are exhausted.
 - d. **Unused Days.** Any approved unused days will be returned to the Catastrophic Illness/Injury Leave Bank.
 - e. **Donations to the Leave Bank.** You may donate earned and unused injury and illness leave hours and earned and unused vacation hours during the month of May each year by completing a donation form submitted to CSEA Chapter 293. You may donate up to but no more than 50% in excess of ten (10) days of earned sick leave. If you are a less than twelve (12) month employee, you may not donate vacation days that would result in an unpaid period of time during winter and spring breaks.
6. **Notice of Absence.** No later than one (1) hour prior to your assigned time to report for work, you must notify your immediate supervisor or the number assigned to the District's recording device. This one (1) hour notice may be waived in the case of a bona fide emergency.

On the day prior to your intended date of return to work, you must notify your immediate supervisor of your intended return at least one (1) hour prior to the end of your regularly scheduled work day.
7. **Transferred personal illness leave.** If you worked in a California school district for more than one (1) full year in the year prior to your transfer to this District within one (1) year of separation from that district, the personal illness leave you accrued in the other district will be transferred to the Placentia-Yorba Linda Unified School District for your use as if you had accrued it in this District.
8. **Documentation of absence.** For absences that exceed or are expected to exceed three (3) days, you must notify your supervisor, and provide a statement from your physician. Your health care provider will not disclose your diagnosis without your consent, he or she will only verify that you are ill and are unable to return to your usual occupation, and will certify when you are able to return to work without detriment to your health.

B. Personal Necessity Leave

You may use a maximum of seven (7) days of personal illness leave for personal necessity.

1. Eligible uses. This leave may be used for the following:

- a. **Death or serious illness of a family member** when additional leave is required beyond any other leave provided by the District;
- b. **Injury or accident** to the person or property of a member of your immediate family;
- c. **Imminent danger to your property** from flood, fire, or other natural disaster;
- d. **Litigation appearance** in a court of law or before any administrative tribunal as a litigant or party;
- f. **Compelling personal importance.** You may use two (2) of your seven (7) personal necessity leave days for reasons of compelling personal importance.
- f. **Exclusions.** You may not use personal necessity time for an employee organization or business activity; work stoppage, slow down or strike; activities you could attend after hours; or recreational activities. If possible, you must give advance notice of personal necessity time to your site manager and substitute caller, and identify the time as personal necessity time on your time exception report. For reasons other than compelling personal importance, you may be requested by your site manager to identify the reason for your personal necessity leave.

2. **Prior to using approved unpaid leave.** You may use personal necessity leave until it is exhausted before taking unpaid leave for your family member's serious illness, bonding with a natural or adopted child, to attend certain events for a family member in the military, or to care for a family member in the military.

3. **Provide notice.** If possible, you should provide advance notice to your site manager of your requirement for personal necessity leave. On your time exception report, you must identify the reason for your personal necessity leave (see B.1 a through e above). Your site manager may ask you to clarify the reason for your personal necessity leave (for reasons B.1 a through d above).

C. Industrial Accident/Illness Leave

If you are injured or become ill during the course and scope of your employment with the Placentia-Yorba Linda Unified School District, you are entitled to sixty (60) work days of paid leave from the District for any one injury/illness. Worker's Compensation leave is limited to sixty (60) days per industrial injury/illness and commences on the first day of absence due to the industrial injury/illness. This leave does not accumulate from year to year. In addition, you may be entitled to temporary disability benefits from the District if you lose wages while recovering. Temporary disability wage replacement benefits are limited to one-hundred for (104) weeks in a 5-year period per injury and will commence on the first day of absence due to the industrial injury/illness. You may also be entitled to permanent disability benefits from the District if your work-related injury/illness causes a permanent disability.

Your paid Worker's Compensation Leave from the District will run concurrently with the federal Family Medical Leave Act (FMLA) and the California Family Rights Act (CFRA) if your work-related injury/illness qualifies as a "serious health condition." A "serious health condition" is an illness, injury, impairment or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that prevents you from performing your job.

1. **Eligibility.** You must be in a paid status continuously for one (1) year prior to your industrial illness or injury to be eligible for the above leave benefits.

2. **Immediately report your injury/illness.** In order to commence your Workers Compensation benefits, you must report any work-related injury/illness to your immediate supervisor within twenty-four (24) hours or as soon as possible after the incident or exposure.

3. **Your medical bills will be paid.** In accordance with state law, the Placentia-Yorba Linda Unified School District's Worker's Compensation Administrator will directly pay your Worker's Compensation physician for reasonable services rendered for work-related injuries/illnesses as soon as a claim and report are submitted by your physician.
4. **Designated health care providers.** For work-related injuries/illnesses, the Placentia-Yorba Linda Unified School District will designate the health care provider you will see for evaluation and treatment of your illness or injury. Doctor must be the employee's pre-approved personal physician or a physician from the Medex Healthcare, Inc. MPN list. (www.talispoint.com/medex/athens)
5. **Certification of your injury/illness.** For payment of medical bills, you must complete a Worker's Compensation Claim Form (DWC-1). This form will be given to you as soon as you report the injury/illness to your supervisor.

6. **Pay during leave.** Your Worker's Compensation Leave benefits (60 days) commence on the first day of absence from work due to a work-related injury/illness. Your federal Family Medical Leave (FMLA) and California Family Rights Leave (CFRA) will both commence on the same day if your work-related injury/illness qualifies as a "serious health condition." You are entitled to twelve (12) weeks of leave under these acts, during which time your health benefits from the Placentia-Yorba Linda Unified School District will continue (less any appropriate employee contributions, if any) and your job may be held. If you are unable to return to work after your sixty (60) days of Worker's Compensation Leave have been exhausted, you will be allowed to use any accrued sick leave and vacation days, any Worker's Compensation Temporary Disability and your 100 days of half-pay. After all leaves are exhausted, you may request additional unpaid leave pursuant to the California Education Code for industrial injury/illness leave. Such additional leave is at the discretion of the District. Once all leaves, paid and unpaid, have been exhausted, you will be placed on the 39-month preferential rehire list.

You are entitled to receive only your normal daily rate of compensation. If you lost wages for any day and received compensation for such wages from a Workers Compensation award, the total cannot exceed your normal daily rate of pay for any day.

7. **No accrual of paid Workers Compensation time.** You are entitled to a maximum of sixty (60) days paid leave per injury/illness. This leave commences the first day of absence from your work-related illness or injury. It does not accrue from year to year.
8. **Return to work.** Before you return to work, you must provide a release from your treating physician that you are able to return to work without detriment. If your treating physician allows you to return to work with modifications, the District will make every effort to accommodate those modifications for you to continue to perform your job.

After you have been released to return to work, you must schedule appointments related to your industrial injury/illness before or after work hours (e.g. before or after your professional day or during your lunch period) unless your health care provider does not offer such hours.

D. Bereavement

You are entitled to three (3) days of paid bereavement leave for the death of any immediate family member. If you must travel more than 300 miles one way, you will be granted an additional two (2) days of paid leave. In emergency situations, and at the discretion of the Superintendent of the Placentia-Yorba Linda Unified School District, you may be granted additional bereavement leave as personal necessity leave.

There will be no salary deduction for bereavement leaves.

E. Court Appearances

You will be paid by the District for your time serving as a juror or a witness, but you must reimburse the District for any fees you receive from the government or legal entity for such service. Upon returning to work, you must verify your absence for such purposes to your site manager, and note your reason for such absence on your Time Exception Report.

1. **Jury Duty.** You will be granted paid time off for jury duty as the law allows. Exclusive of mileage allowances, the money you receive from the court for your jury service will be returned to the District's general fund. If you work the swing or graveyard shift, you will not be required to report to your shift on the day of service if you notify your immediate supervisor.
2. **Witness Testimony.** If you are called to testify in court, you will be paid for your time off. You will be required to reimburse the District for any witness fees you receive. If you work the swing or graveyard shift, you will not be required to report to your shift on the day of service if you notify your immediate supervisor.

F. Maternity Leave

You may take up to four months (or 88 work days for full-time employees) of Pregnancy Disability Leave for each pregnancy, miscarriage, childbirth, and recovery pursuant to the California Fair Employment and Housing Act. You do not need to take this time off all at once, but may use it as needed, including for prenatal care, severe morning sickness, doctor-ordered bed rest, and recovery from childbirth. The length of time off will be determined by the District in conjunction with you and your physician.

During the first twelve (12) weeks of your Pregnancy Disability Leave taken during a twelve (12) month period for this purpose, the District has the right to count this time off as federal Family Medical Leave if your leave is related to your disability from pregnancy or childbirth, or to a condition related to your pregnancy or childbirth. This means that your job may be protected during the first twelve (12) weeks of your time off (See Section I. Your Serious Health Condition). Your Pregnancy Disability Leave may continue after the birth of your baby for six (6) weeks for a normal birth or eight (8) weeks for a Cesarean Section birth. A doctor's statement is required for your return to work.

1. **Provide notice.** If possible, provide at least a 30-day notice to your site manager if you anticipate taking leave. If a 30-day notice is not possible, provide notice as soon as practical. You must provide sufficient notice for the District to determine if the leave may qualify for the family medical leave act protections, as well as the anticipated start and duration of the leave. You must also inform the District if this request for leave is for a reason for which this leave was previously taken or certified. You may be required to provide periodic recertification of the continued need for this leave.

Once the District has received notice of your anticipated leave, you will be provided with notice whether your request is eligible for family medical leave and your rights and responsibilities. If you are determined to be ineligible for such leave, you will be informed of the reason(s) for ineligibility. You will be advised that your request for leave is designated as leave protected under the federal and state family medical leave acts, and the amount of leave that will be counted against your leave entitlement. If the District determines that your leave is not protected by the federal and state family medical leave, you will be so notified.

2. **Use your accrued personal illness leave.** You may use your accrued sick leave during any portion of your pregnancy disability leave.
3. **Continuation of benefits.** The District may designate the first twelve (12) weeks of your maternity leave as federal Family Medical Leave. Under the federal Family Medical Leave Act, your group health insurance coverage will be paid by the District (less any appropriate employee contribution, if any) and your job may be protected during the twelve-week period of the Family Medical Leave.

While you are on Pregnancy Disability Leave, the District will continue your employee benefits (less any appropriate employee contribution, if any) until you have exhausted all sick leave. When you are ready to return to work, you will be returned to the same or comparable position, unless that position has been eliminated, or you would have been laid off or terminated had you not taken this leave.

4. **You may be eligible for reasonable accommodations** at work for your pregnancy-related disabilities on the advice and certification of your physician. In addition, you may be eligible to transfer to a less strenuous or hazardous position or duties if your physician certifies a need for it.
5. **Return to work.** When you are ready to return to work, the District may require a statement from your physician certifying that you are able to return to work, with or without duty restrictions. You will

be able to return to the same or comparable position you held before your maternity leave unless your physician certifies otherwise, or unless that position no longer exists (such as with layoff or closure), or you would have been otherwise laid off or terminated.

G. Child bonding/Adoption

You may take up to twelve (12) weeks of unpaid leave during a twelve (12) month period for bonding with your newborn, or to care for an adopted or foster child pursuant to the federal Family Medical Leave Act (FMLA) and the California Family Rights Act (CFRA). This leave does not have to be taken all at once. It may be taken in increments, but the total leave for a twelve (12) month period cannot exceed twelve (12) weeks in a twelve (12) month period. Federal Family Medical Leave and California Family Rights Leave will run concurrently when used for child bonding, adoption or foster placement. Spouses employed by the same employer, Placentia-Yorba Linda Unified School District, may be restricted to a combined total of up to twelve (12) weeks of family leave.

- 1. Eligibility.** You are eligible for this leave if you have more than twelve (12) months of continuous service with the Placentia-Yorba Linda Unified School District and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave.

If you are a part-time employee, you may take leave on a proportionate basis if you have more than twelve (12) months of service with the Placentia-Yorba Linda Unified School District and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave.

- 2. Minimum time off.** If your leave is designated by the District as leave under the federal Family Medical Leave Act and California Family Rights Act, the minimum duration of this leave is two (2) weeks, unless the District agrees otherwise. You must conclude the leave within one year of the birth or placement for adoption or foster care.
- 3. Provide notice.** If possible, provide at least a 30-day notice to your site manager if you anticipate taking leave. If a 30-day notice is not possible, provide notice as soon as practical. You must provide sufficient notice for the District to determine if the leave may qualify for the family medical leave act protections, as well as the anticipated start and duration of the leave. You must also inform the District if this request for leave is for a reason for which this leave was previously taken or certified. You may be required to provide periodic recertification of the continued need for this leave.

Once the District has received notice of your anticipated leave, you will be provided with notice whether your request is eligible for family medical leave and your rights and responsibilities. If you are determined to be ineligible for such leave, you will be informed of the reason(s) for ineligibility. You will be advised that your request for leave is designated as leave protected under the federal and state family medical leave acts, and the amount of leave that will be counted against your leave entitlement. If the District determines that your leave is not protected by the federal and state family medical leave, you will be so notified.

- 4. Use of Compelling Personal Leave.** If you are determined to be eligible for such leave, you may use your two (2) days of paid Compelling Personal Leave during any portion of your FMLA/CFRA leave to receive part of your salary.
- 5. Continuation of benefits.** The District may designate your child bonding/adoption/foster care leave as federal Family Medical Leave and California Family Rights Leave. Under the federal Family Medical Leave Act and the California Family Rights Act, your health insurance coverage will be paid by the District (less any appropriate employee contribution, if any) and your job may be protected for up to twelve (12) weeks.
- 6. Child bonding time starts.** Your unpaid leave for child-bonding under the Family Medical Leave Act (FMLA) and California Family Rights Act (CFRA) may start the day your Pregnancy Disability Leave ends or the day your adopted or foster child is placed in your home. FMLA/CFRA is available for child bonding if you have not exhausted your twelve (12) weeks of unpaid FMLA/CFRA leave during the

preceding twelve (12) months. FMLA/CFRA must be completed within one year of the birth of a newborn or the placement of an adopted or foster child.

- 7. Return to work.** When you are ready to return to work, you will be able to return to the same or comparable position as the one you held prior to the start of your leave, unless the position no longer exists (such as with layoff or closure), or you would have been otherwise laid off or terminated even if you had not taken this leave.

H. Fatherhood Leave

You may be granted up to three (3) days of paid leave for fatherhood or the adoption of a minor. This paid leave will be deducted from your accrued sick leave. FMLA and CFRA run concurrently with Fatherhood Leave.

I. Your Serious Health Condition

You may take up to twelve (12) weeks of paid or unpaid leave pursuant to the federal Family Medical Leave Act (FMLA) and the California Family Rights Act (CFRA) for your "serious health condition." Leave under these acts run concurrently when used for leave related to your "serious health condition."

- 1. Eligibility.** You are eligible for family medical leave for your serious health condition if you have more than twelve (12) months of continuous service with the Placentia-Yorba Linda Unified School District and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave.
- 2. Uses.** You may take paid or unpaid family medical leave for your serious health condition. A serious health condition is an illness, injury, impairment or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that prevents you from performing your job.
- 3. Provide notice.** If possible, provide at least a 30-day notice to your site manager if you anticipate taking leave. If a 30-day notice is not possible, provide notice as soon as practical. You must provide sufficient notice for the District to determine if the leave may qualify for the family medical leave act protections, as well as the anticipated start and duration of the leave. You must also inform the District if this request for leave is for a reason for which this leave was previously taken or certified. You may be required to provide periodic recertification of the continued need for this leave.

Once the District has received notice of your anticipated leave, you will be provided with notice whether your request is eligible for family medical leave and your rights and responsibilities. If you are determined to be ineligible for such leave, you will be informed of the reason(s) for ineligibility. You will be advised that your request for leave is designated as leave protected under the federal and state family medical leave acts, and the amount of leave that will be counted against your leave entitlement. If the District determines that your leave is not protected by the federal and state family medical leave, you will be so notified.

- 4. Provide certification** of your serious health condition from your health care provider within fifteen (15) days of your request for leave, or as soon as practicable. This certification shall include:
 - the date of commencement of the serious health condition;
 - the probable duration of the condition; and
 - your inability to work at all or perform any one or more of the essential functions of your position because of the serious health condition.

The District may delay approval or continuation of your unpaid medical leave until such certification is received. If the certification is never received by the District, this leave may not be considered medical leave under the state and federal medical leave acts.

- 5. Use your accrued paid leave** to receive all or part of your salary during any portion of your unpaid medical leave.

6. **Continuation of benefits.** Under the federal Family Medical Leave Act (FMLA) and the California Family Rights Act (CFRA), your health insurance coverage will be paid by the school district (less any appropriate employee contribution, if any) and your job may be protected for twelve (12) weeks.
7. **Return to Work.** The District will require certification from your physician that you are able to return to work without detriment to your health. When you are ready to return to work, you will be able to return to the same or comparable position as the one you held prior to the start of your leave, unless the position no longer exists (such as with layoff or closure), or you would have been laid off or terminated even if you had not taken this leave.

J. Family Member's Serious Health Condition

You may take up to twelve (12) weeks of unpaid leave pursuant to the federal Family Medical Leave Act (FMLA) and the California Family Rights Act (CFRA) for the serious health condition of your legal spouse, domestic partner, child or parent. A child is a biological, adopted, or foster son or daughter, stepson or stepdaughter, a legal ward or a child of yours who stands *in loco parentis* to that child who is under eighteen (18) years of age or an adult dependent child. A parent is a biological, adopted or foster parent; a stepparent; a legal guardian or other person who stood *in loco parentis* to you when you were a child. Leave under these acts run simultaneously for leave related to the serious health condition. Spouses employed by the same employer, Placentia-Yorba Linda Unified School District, may be restricted to a combined total of up to twelve (12) weeks of family leave.

1. **Eligibility.** You are eligible for this leave if you have more than twelve (12) months of continuous service with the Placentia-Yorba Linda Unified School District and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave.
2. **Uses.** You may take unpaid family/medical leave for your family member's serious health condition. A serious health condition is an illness, injury impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider.
3. **Provide notice.** If possible, provide at least a 30-day notice to your site manager if you anticipate taking leave. If a 30-day notice is not possible, provide notice as soon as practical. You must provide sufficient notice for the District to determine if the leave may qualify for the family medical leave act protections, as well as the anticipated start and duration of the leave. You must also inform the District if this request for leave is for a reason for which this leave was previously taken or certified. You may be required to provide periodic recertification of the continued need for this leave.

Once the District has received notice of your anticipated leave, you will be provided with notice whether your request is eligible for family medical leave and your rights and responsibilities. If you are determined to be ineligible for such leave, you will be informed of the reason(s) for ineligibility. You will be advised that your request for leave is designated as leave protected under the federal and state family medical leave acts, and the amount of leave that will be counted against your leave entitlement. If the District determines that your leave is not protected by the federal and state family medical leave, you will be so notified.

4. **Provide certification** of your family member's serious health condition from the health care provider within fifteen (15) days of your request for leave, or as soon as practicable. This certification shall include:
 - the relationship between you and the family member, e.g. spouse, parent, etc.;
 - the date of commencement of the serious health condition;
 - the probable duration of the condition;
 - the estimated amount of time for care by the health care provider; and
 - confirmation that the serious health condition of your family member warrants your participation in care

The District may delay approval or continuation of your unpaid medical leave until such certification is received. If the certification is never received by the District, this leave may not be considered medical leave under the state and federal medical leave acts.

5. **Use of Compelling Personal Leave.** If you are determined to be eligible for such leave, you may use your two (2) days of paid Compelling Personal Leave during any portion of your FMLA/CFRA leave to receive part of your salary.
6. **Continuation of benefits.** Under the federal Family Medical Leave Act (FMLA) and California Family Rights Act (CFRA), your health insurance coverage will be paid by the District (less any appropriate employee contribution, if any) and your job may be protected for up to twelve (12) weeks.
7. **Return to Work.** When you are ready to return to work, you will be able to return to the same or comparable position as the one you held prior to the start of your leave, unless the position no longer exists (such as with layoff or closure), or you would have been laid off or terminated even if you had not taken this leave.

K. Military Leave

While on active military duty, your pay will be continued for up to one month's salary.

L. Leave Related to a Family Member on Active Duty

You are entitled to up to twelve (12) weeks of unpaid leave to attend certain events related to your family member's military service. If your family member in the military requires your care, you may take up to twenty-six (26) weeks of unpaid leave

1. **Eligibility.** You are eligible for this leave if you have more than 12 months of service with the Placentia-Yorba Linda Unified School District and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave.
2. **Uses.** You may take up to twelve (12) weeks of unpaid family/medical leave in a twelve (12) month period to attend to military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings for your spouse, son, daughter or parent on active duty, or call to active duty status in the National Guard or Reserves in support of a contingency operation.

You may take up to twenty-six (26) weeks of unpaid family/medical leave in a twelve (12) month period if your family member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty or active duty that may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

3. **Provide notice.** If possible, provide at least 30 days notice to your site manager if you anticipate taking leave. If 30 days' notice is not possible, provide notice as soon as practical. You must provide sufficient notice for the District to determine if the leave may qualify for the family medical leave act protections, as well as the anticipated start and duration of the leave. You must also inform the District if this request for leave is for a reason for which this leave was previously taken or certified. You may be required to provide periodic recertification of the continued need for this leave.

Once the District has received notice of your anticipated leave, you will be provided with notice whether your request is eligible for family medical leave and your rights and responsibilities. If you are determined to be ineligible for such leave, you will be informed of the reason(s) for ineligibility. You will be advised that your request for leave is designated as leave protected under the federal and state family medical leave acts, and the amount of leave that will be counted against your leave entitlement. If the District determines that your leave is not protected by the federal and state family medical leave, you will be so notified.

4. **Provide certification** of your family member's serious health condition from the health care provider within 15 days of your request for leave, or as soon as practicable. This certification shall include:

- the date of commencement of the serious health condition;
- the probable duration of the condition;
- the estimated amount of time for care by the health care provider; and
- confirmation that the serious health condition of your family member warrants your participation in care

The District may delay approval or continuation of your unpaid medical leave until such certification is received. If the certification is never received by the District, this leave may not be considered medical leave under the state and federal medical leave acts.

- 5. Use of Compelling Personal Leave.** If you are determined to be eligible for such leave, you may use your two (2) days of paid Compelling Personal Leave during any portion of your FMLA/CFRA leave to receive part of your salary.
- 6. Continuation of benefits.** Under the federal and state Family Medical Leave Acts, your health insurance coverage will be paid by the District less any appropriate employee contribution, if any) and your job may be protected for up to twelve (12) weeks.
- 7. Return to Work.** When you are ready to return to work, you will be able to return to the same or comparable position as the one you held prior to the start of your leave, unless the position no longer exists (such as with layoff or closure), or you would have been laid off or terminated even if you had not taken this leave

M. General Leave

At the discretion of the Placentia-Yorba Linda Unified School District, you may request unpaid personal leave for up to one (1) year and may be renewed. You must submit a written request to the Board of Education.

You may continue you benefits at your expense if you are on approved unpaid leave of absence. If you are no longer eligible for health benefits, you will be offered the option to continue your benefits at your expense through the District's COBRA program for up to 18 months, followed by CalCOBRA for an additional 18 months.

N. Termination of Leave

All leaves are continued at the discretion of the District subject to the needs of on-going staffing and may be terminated if employment terminates.

O. Repayment of District-Paid Employee Health Care Benefit Contributions

If you terminate employment during any unpaid leave of absence you may be required to repay to the District all contributions made by the District for employee health care benefits during such leave of absence.

Questions?

If you have questions about your eligibility for a particular type of leave, or you would like more information about any leave, please contact the Personnel Department.

Placentia-Yorba Linda United School District

Leave of Absence Application

Please complete form, obtain signature of Principal / Supervisor and forward to the Personnel Department.

TO THE SUPERINTENDENT AND MEMBERS OF THE BOARD OF TRUSTEES:

I have read and understand the provisions governing leaves of absence and hereby submit my application for a leave for the following reason(s):

- Sick/Personal Illness Leave FMLA/CFRA will run concurrently with this leave.
Attach doctor's certification stipulating date leave will commence and approximate date of return.
- Maternity Leave PDL/FMLA will run concurrently with this leave.
Attach doctor's certification stipulating approximate date leave will commence and approximate date of return.
- Child Bonding FMLA/CFRA will run concurrently with this leave.
- Parenthood FMLA/CFRA will run concurrently with this leave.
- Family Medical/ California Family Rights Leaves to run concurrently with my Workers' Compensation Temporary Disability
- Family Member's Health FMLA/CFRA will run concurrently with this leave.
Care Leave
Attach supplemental application / doctor's certification, as appropriate.
- Military Family Member Leave
Attach supplemental application, as appropriate.
- Military Family Member's Health Care Leave
Attach supplemental application / doctor's certification, as appropriate.
- Military Leave of Absence
- Discretionary / General Leave of Absence

Dates of leave requested above will include _____, 20__ through _____, 20__.

Name	Emp.ID#	Signature	Date Submitted
Address	City	State	ZIP
Phone	Supervisor's Signature		Date
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Superintendent's/Asst Superintendent's Signature		Board Date