

**SAN DIEGO UNIFIED SCHOOL DISTRICT**

**Date:** December 1, 2015

**To:** School Principals, Division and Department Heads, Child Development Center Administrators, Certificated Staff Members and San Diego Education Association Representatives

**Subject:** CERTIFICATED STAFF CATEGORY I AND III LEAVE OF ABSENCE APPLICATIONS FOR 2016-2017 SCHOOL YEAR

**Department and/or Persons Concerned:** Certificated Staff Members

**Due Date:** March 1, 2016

**Reference:** San Diego Education Association Collective Bargaining Agreement, Article 10.

**Action Requested:** Please disseminate information regarding the Leave of Absence Program. Interested staff members need to submit form and required information as explained below.

**Brief Explanation:**

Article 10 of the Collective Bargaining Agreement between the San Diego Unified School District (SDUSD) and the San Diego Education Association (SDEA) specifies that eligible staff members may request an unpaid leave of absence. The requirements and specific details of the leave depend upon the type of leave requested.

Three categories of long-term leaves are defined in the contract. This circular addresses Category I and Category III Unrestricted leaves of absence. Category I includes leaves which support Professional Study, Travel, Opportunity Leave, Service to Other Public Agencies, Service to Professional Associations and Other Leaves Determined by the Superintendent. Category III includes Military Leaves and Unrestricted leaves. Requests to begin Category I leaves and Category III Unrestricted leaves of absence must be received in the Human Resource Services Division (HRSD) by March 1, 2016 for a leave to be effective for the subsequent school year. Eligible staff members must submit their request for leave, using attachment 1. Request to extend a Category I leave must also be received by March 1, 2016.

Military and Category II leaves may be requested at any time.

**Category I Planned Leaves** (Article 10, Section 10.6)

Category I leaves are planned leaves granted to **permanent** staff members for a period of up to one (1) academic school year, and such leaves may be extended year-to-year for a total period not to exceed three (3) full academic school years within a ten (10) year period. Only **permanent** status staff members are eligible to apply for Category I long-term leaves of absence, which may be granted for any of the following reasons:

**Professional Study:** Permanent unit members may apply for professional study leave by outlining in writing the plan that is to be followed and the institution to be attended. In addition, a clear statement must be included in the request indicating the need for education study and the potential value to the District upon completion of such study. (see Appendix A, 4.033)

**Travel for Educational Purposes:** Permanent unit members may apply for a leave of absence for travel for educational purposes.

**Opportunity Leave:** Permanent unit members may be eligible for an opportunity leave for the purpose of improving job-related skills and knowledge that will directly benefit the District and the instructional program.

**Service to Other Public Agencies:** The Superintendent may recommend approval of long-term leaves of absence without pay for permanent unit members to serve another public agency in a capacity which the Superintendent determines will benefit the District and the unit member, including elected, full-time public service.

**Service to Professional Associations:** Unit members may apply for a leave of absence without pay for the purpose of serving a local, state, or national professional organization in an elected or a staff capacity.

**Other Leaves Determined by the Superintendent:** The Superintendent may, in unusual cases, recommend the approval of other long-term, unpaid leaves of absence to permanent staff members for purposes that will benefit the district and serve the best interest of the pupils. Applicants must provide a statement explaining how the leave will directly benefit the district and the instructional program.

**Category III (Other Long-Term Leaves) (Article 10, Section 10.8)**

**Unrestricted Leave.** The District may grant a one (1) year leave of absence without pay to a permanent unit member for a reason that is mutually agreed to be of benefit to the District and the unit member. The request for an unrestricted leave of absence must be received by the Human Resource Services Division no later than March 1. An unrestricted leave of absence shall begin at the beginning of an academic school year and shall end at the conclusion of the same academic school year. An unrestricted leave is not renewable.

**Military Leave.** Upon receipt of proper orders, a probationary or permanent teacher shall be granted a military leave of absence under the provisions of state law for the period of time he or she is required to serve. (see Appendix A, 4.031)

**Return to previous site or program:**

For any Category I, II, or III, long-term leave involving up to one (1) academic school year, a unit member, upon request prior to beginning the leave, may return to the previous site or program placement. This assurance can be given only if the unit member is ready to commence paid service at the beginning of the academic school year of the site or program in which the unit member was previously placed.

**Health benefits coverage:**

A long-term leave of absence without pay for an academic school year does not include any district paid benefits. Staff on leave of absence without pay may continue their health benefits coverage on a self-pay basis. Information relating to benefits is on the district web site at: <https://www.sandi.net/staff/benefits/benefits> For questions regarding health, medical and dental benefits, please contact the Employee Benefits Department at 619-725-8130.

**Application procedure:**

Please complete the attached Long-Term Leave of Absence Request form which is also available through the district web site at: <https://www.sandi.net/staff/human-resources/human-resources-forms> Attach any required statements or documentation and obtain the signature of the school principal or Department Head. Forward the completed leave request form and attachment(s) prior to March 1, 2016 via school mail to: Eugene Brucker Education Center, Room 1241, Attention: Gloria Rangel, or by fax to (619) 296-7522

Additional information regarding Long-Term Leaves of Absence is provided on the district website under Departments/Labor Relations and in the SDEA Contract, which can be accessed at: <https://www.sandi.net/staff/labor-relations/supervisors-toolbox> Questions regarding leaves may be referred to Gloria Rangel in Human Resources Services Division, Room 1241, via e-mail at [grangel@sandi.net](mailto:grangel@sandi.net) or by telephone at (619) 725-8172.

APPROVED:



Timothy Asfazadour  
Chief Human Resources Officer

TA:gr  
Attachments (1)

Distribution: Lists A, C, D, E, F, O and S

**LONG-TERM LEAVE OF ABSENCE REQUEST (UNPAID)**

**INSTRUCTIONS:** Please prepare one copy and submit through your principal/supervisor to the Human Resource Services Division. Employees requesting an unpaid long-term leave of absence should refer to the Collective Negotiations Contract (CNC) for terms governing availability, eligibility, and permissible lengths for each type of leave. (See reverse)

**CERTIFICATED:** Refer to Article 10 of Collective Negotiations Contract (CNC).

**CLASSIFIED:** Refer to Article 12 of Collective Negotiations Contract (CNC).

**CERTIFICATED MANAGERS:** Long-term leaves will be reviewed on a case- by- case basis for approval.

**TO BE COMPLETED BY EMPLOYEE (I certify under penalty of perjury that the foregoing, including all attachments, is true and correct.)**

Employee Name (last, first, middle)		Employee ID#	<input type="checkbox"/> Certificated <input type="checkbox"/> Classified	
Location Number	School or Department	Subject, Grade or Position Assigned		
Permanent Address While on Leave (No. and Street)		City	State	Zip Code
Employee Signature		Date Submitted / /	Home Telephone ( ) -	E-mail Address

**CHOOSE ONE LEAVE CATEGORY**

<b>FAMILY MEDICAL LEAVE ACT</b> If requesting Family Medical Leave Act, refer to eligibility requirements on back. <b>Verifications are required.</b>		<b>ADDITIONAL TYPES OF LEAVES</b>	
<b>FMLA PURPOSE</b> <input type="checkbox"/> Care of child after birth <input type="checkbox"/> Adoption/Foster Care <input type="checkbox"/> Unit Member's Own Serious Health Condition (Doctor's verification required) <input type="checkbox"/> Serious Health Condition of Family Member (Doctor's verification required)		<input type="checkbox"/> Parental: Must provide verification of pregnancy, child's birthdate, custody or adoption requirements, or medical statements as appropriate. <input type="checkbox"/> Home Responsibility: To care for a member of his/her immediate family. <input type="checkbox"/> Health Leave: Requires doctor's statement. Please attach documents. <input type="checkbox"/> Professional Study: Outline in writing the plan that is to be followed and the institution to be attended. <input type="checkbox"/> Travel: Permanent unit members may apply for this leave for educational purposes. <input type="checkbox"/> Opportunity: This leave will not be granted to accept other employment. <input type="checkbox"/> Military: Requires copy of military orders. Please attach documents. <input type="checkbox"/> Service to other Public Agencies: Request will be reviewed on a case- by- case basis. <input type="checkbox"/> Other: Refer to CNC - Leave Policies	
<b>PERIOD OF LEAVE REQUEST FROM:</b> _____ <b>Month/Day/Year</b>		<b>TO:</b> _____ <b>Month/Day/Year</b>	

**EXPLANATION.** (Attach additional page, if necessary.)

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**\*\*TO BE COMPLETED BY CERTIFICATED MANAGEMENT EMPLOYEE ONLY:** I understand that at the conclusion of my leave of absence, it is possible that I may not be returned to a position comparable to my current assignment and, furthermore, that I may be assigned to a non-management position, within my teaching credential(s), and consistent with tenure rights afforded me by the Education Code. (An exception to this provision is when a Family and Medical Leave Act is being requested.)

Certificated Management Employee Signature	Date Submitted / /
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I recommend approval of leave: _____	_____
I recommend denial of leave: _____	<b>Principal/Supervisor Signature</b> <b>Date</b>

**HUMAN RESOURCE SERVICES DIVISION (HRSD) FOR FINAL APPROVAL**

<input type="radio"/> Approve <input type="radio"/> Deny	Comments	Signature of HRSD Administrator	Date
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## INFORMATION REGARDING LEAVE REQUIREMENTS

Employees requesting an unpaid long-term leave of absence should refer to the appropriate collective bargaining contract for more detailed information regarding types of leaves available, eligibility and permissible lengths.

- **Certificated:**
  - ◆ Teacher Bargaining Unit Contract – Article 10
  
- **Classified:**
  - ◆ Office-Technical and Business Services Bargaining Unit Contract – Article 12
  - ◆ Operations-Support Services Bargaining Unit Contract – Article 12
  - ◆ Paraeducator Bargaining Unit Contract – Article 12
  - ◆ School Police Services Unit Contract – Article 12
  
- **Managers, supervisors and confidential employees** should refer to the **San Diego School District Administrative Procedure 7430** for a more detailed explanation of eligibility requirements and permissible length of leaves.

If you need further assistance, please e-mail or call: Gloria Rangel - Human Resources Specialist [grangel@sandi.net](mailto:grangel@sandi.net) (619) 725-8172

Additional information can be found on the district website at <https://www.sandi.net/staff/human-resources/human-resources-forms>

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### ELIGIBILITY REQUIREMENTS FOR FAMILY AND MEDICAL LEAVE ACT

A Family & Medical Leave Act (FMLA) shall be granted to an employee for certain family and medical reasons. FMLA provides up to 12 workweeks within a twelve- (12) month period of **unpaid** leave and entitles you to **paid** benefits. Employees are eligible if they have worked for San Diego Unified School District for at least 12 months, and provided at least 1,250 hours of service for employer during 12 months preceding leave.

For the purposes of Family and Medical Leave Act ONLY, the following definitions shall apply:

1. **Child** means a biological, adopted or foster child, a stepchild, a legal ward, or a child of a unit member standing in loco parentis who is either under eighteen (18) years of age or is an adult dependent child.
2. **Parent** means a biological, foster, or adoptive parent, a stepparent, a legal guardian, or other person who stood in loco parentis to the unit member when the unit member was a child.
3. **Spouse** means the legal husband or wife, or domestic partner, of a unit member.
4. **Serious Health Condition** means an illness, injury, impairment, or physical or mental condition that involves either inpatient care in a hospital, hospice or residential health care facility, or continuing treatment or supervision by a health care provider.
5. **Health Care Provider** means a doctor of medicine or osteopathy who is authorized to practice medicine or surgery (as appropriate) by the state in which he/she practices, or any other person determined by the United States Secretary of Labor to be capable of providing health care services.

**HEALTH BENEFITS (MEDICAL, DENTAL, VISION):** The district will continue to provide district-paid health benefits during Family Medical Leave Act. Employees will be responsible for paying employee's contributions (if any). Employees must contact the district's benefits office at (619) 725-8130 to make arrangements for paying employees contributions.