

LEAVE OF ABSENCE REQUEST FORM

Please prepare one copy and submit through your principal/supervisor to the Human Resource Services Division. Employees requesting a 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)

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 (No. and Street)		City	State	Zip Code
Employee Signature	Date Submitted / /	Home Telephone () -	E-mail Address	

AB375/AB2393 – Child Bonding/Parental Leave Act –Verification is required (Paid sick leave balances).

Care of Child after birth		Adoption/Foster Care	
Enter Date of Birth:		Enter Date of Placement:	
Period Date of Request:		Period Date of Request:	
From Month/Day/Year	To Month/Day/Year	From Month/Day/Year	To Month/Day/Year
From Month/Day/Year	To Month/Day/Year	From Month/Day/Year	To Month/Day/Year

FMLA PURPOSE (Unpaid) Please note these two reasons have an eligibility requirement of service provided. See back of form.

Unit Members' Own Serious Health Condition. (Physician's verification required)

Serious Health Condition of Family Member. (Parent, Spouse or Child), (Physician's verification required)

PERIOD OF LEAVE REQUEST(S)

From _____
Month/Day/Year

To _____
Month/Day/Year

Explanation: Please attach documentation.

Additional Unpaid Long Term Leaves (unpaid without medical):

Parental: Must provide verification of pregnancy, child's birthdate, custody/adoption requirements, or medical statements as appropriate.

Home Responsibility: To care for a member of his/her immediate family.

Health Leave: Requires doctor's statement. Please attach documents.

Professional Study: Outline in writing the plan that is to be followed and the institution to be attended.

Travel: Permanent unit members may apply for this leave for educational purposes.

Opportunity: This leave will not be granted to accept other employment.

Military: Requires copy of military orders. Please attach documents.

Service to other Public Agencies: Request will be reviewed on a case- by- case basis.

Other: Refer to CNC - Leave Policies

PERIOD OF LEAVE REQUEST(S)

From _____ To _____
Month/Day/Year Month/Day/Year

Explanation: Please attach documentation.

****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.)

Management Employee Signature	Date
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I recommend approval of leave: _____	Principal/Supervisor Signature	Date
I recommend denial of leave: _____		

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:**
 - ◆ Administrators Association Collective Bargaining Agreement – Article 8
 - ◆ Teacher Bargaining Unit Contract – Article 10
- **Classified:**
 - ◆ Administrators Association Collective Bargaining Agreement – Article 8
 - ◆ 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

Non-Represented 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. Long-term leaves will be reviewed on a case- by- case basis for approval.

If you need further assistance, please contact:

Gloria Rangel Human Resources Specialist
grangel@sandi.net (619) 725-8172

Additional information can be found via the Staff Portal.
www.sandi.net → Staff Portal → Resources → Human Resources → HR Forms

ELIGIBILITY REQUIREMENTS FOR AB375/AB2393

AB2393/AB375 Child Bonding/Parental Leave -Effective January 1, 2017 uses the term “parental leave” which it defines as “leave for reason of the birth of a child of the employee, or the placement of a child with an employee in connection with the adoption or foster care of the child by the employee.” Under the CFRA regulations, an eligible employee is entitled to 12 work weeks of bonding leave to be utilized during the first year following the birth or placement of a child with the parent through foster care or adoption.

The 1,250-hour requirement was eliminated for parental leave under the Education Code but it still applies to other CFRA/FMLA qualifying leaves. To be eligible for the bonding leave you must have worked for the district for at least 12 months.

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 weeks of unpaid, job-protected leave to eligible employees for the following reasons listed below. Employees are eligible if they have worked for San Diego Unified School District for at least one year, and have completed 1,250 hours of service over the previous 12 months.

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 AB2393/AB375 or Family & Medical Leave Act. Employees will be responsible for paying employee’s contributions (if any). Employees must contact the district’s benefits office to make arrangements for paying employees contributions. (619) 725-8130.