



Use separate form for each absence period and reason for absence. Do not combine multiple reasons on one form.

Please print or type and ensure all information is provided, as omissions can delay processing.

EMPLOYEE TIP SHEET

Last Name _____ First Name _____ Middle Name _____ Employee ID Number _____

SERVICE: Academic Classified

1. ABSENCE PERIOD: Dates: _____ Full Days: _____ Part of Day: _____
 From To Number From To
 AM AM
 PM PM

FACULTY UNITY ONLY: For Part of Day Absence Identify Hours of Scheduled Duties Per Day (Including Office Hours): _____

2. REASON:

A. **ABSENCE CERTIFICATION:** I certify that I was absent from my duty during the period indicated in Section 1 due to:

- Illness or Injury: Indicate nature of illness or injury:
 - Not the result of Industrial Accident
 - Result of Industrial Accident that occurred on:

 (Month / Day / Year)

Illness or Injury Absences Instructions

- Absences over 5 days require Physician Certification
- Absences over 20 days also require Formal Leave of Absence
- Employment elsewhere while on any illness/injury absence prohibited.

Physician / Other Practitioner Certification

I certify the above person was or is unable to perform his or her duties during the period indicated above due to illness or injury.

 Signature of Licensed Physician/Other Practitioner Date

B. **ABSENCE CERTIFICATION/ REQUEST**

Family Medical Leave (FMLA): Vacation Illness
 (Check One)

Personal Necessity: Indicate reason:

- 1. Personal Business
- 2. Qualifying Event [Local 99 Only]
- 3. Death of immediate family member.
- 4. Accident involving my person.
- 5. Accident involving: a. My Property b. Person or property of a member of my immediate family.
- 6. Appearance in court as litigant.
- 7. Appearance as witness under governmental order
- 8. Illness of member of immediate family.
- 9. Birth of child – partner/domestic partner.
- 10. Imminent danger to my home.
- 11. The following significant event which required my attention during my regular assigned working hours:

Reason _____

Bereavement _____ Relationship _____ Date of Death (Month/Day/Year) _____ Out of State Travel Required? No Yes

C. **ABSENCE REQUEST:** I request to be absent from my position during the absence period indicated above due to:

<p>EMPLOYEE: ALL</p> <input type="checkbox"/> Court Subpoena (Witness) <input type="checkbox"/> Governmental Order <input type="checkbox"/> Jury Duty <input type="checkbox"/> Unpaid <input type="checkbox"/> Vacation <input type="checkbox"/> Work-Related	<p>EMPLOYEE: ADMINISTRATOR</p> <input type="checkbox"/> Organization <input type="checkbox"/> Wellness Day [Teamsters Only]	<p>EMPLOYEE: FACULTY</p> <input type="checkbox"/> Compensatory Time Taken <input type="checkbox"/> Conference / Meeting <input type="checkbox"/> Floating Vacation Day ["D"-Basis Only] <input type="checkbox"/> Maternity / Paternity <input type="checkbox"/> Non-Duty ["D" Basis Only] <input type="checkbox"/> Personal Annual Leave (PAL)
<p>EMPLOYEE: CLASSIFIED</p> <input type="checkbox"/> Annual Eye Exam – Requires supplemental <u>Physician's Certification</u> form. <input type="checkbox"/> Annual Physical - Requires supplemental <u>Physician's Certification</u> form <input type="checkbox"/> Casual Absence <input type="checkbox"/> Organization <input type="checkbox"/> Compensatory Time Taken <input type="checkbox"/> Personal Annual Leave (PAL) <input type="checkbox"/> Non-Duty ["G" Basis Only] [AFT 1521A & Local 721] <input type="checkbox"/> Other (Specify): _____		

D. **SUPERVISOR'S REPORT OF EMPLOYEE ABSENCE:** Absence Without Leave Unpaid Tardy Paid Tardy – Unit 1 Only

3. SIGNATURES:

Employee _____ Date _____ Supervisor _____ Date _____

ABSENCE CERTIFICATION / REQUEST DEFINITIONS

ITEM	DEFINITION
SERVICE:	<p>Academic: Employees having responsibility for the operation of or formulating policy for the instructional or student services program (California Code of Regulations, Title 5 § 53402; LACCD Board Rule 10301).</p> <p>Classified: Every position not defined by the regulations of the board of governors as an academic position and not specifically exempted from the classified service according to the provisions of Section 88003 (California Educational Code § 88004; Personnel Commission Rule 516 Classification Plan)</p>
2A: ABSENCE CERTIFICATION: Absences of this nature are normally unanticipated. Absences of this nature require certification.	
Illness or Injury	Self-Explanatory.
2B: ABSENCE CERTIFICATION/REQUEST: Absences of this nature can be either unanticipated events or absences scheduled in advance.	
FMLA	FMLA entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons. This is for an absence for intermittent FMLA that has <u>already been processed</u> . At LACCD, FMLA can be Paid or Unpaid. If the employee is taking Paid FMLA, the employee shall check the one box of the absence type they are applying to their FMLA first.
Personal Necessity	Is paid time granted to permit an employee to be absent without loss of pay when specific conditions or events require the personal attention of the employee and involve circumstances the employee cannot be reasonably be expected to disregard. See possible list of items on the front side of the Form TA-1 except for Personal Business and "Qualifying Event" which are explained below.
Personal Business	Per the number of days specified in the particular collective bargaining agreements (AFT 1521A, Crafts, Local 721, Local 99), the employee may use Personal Necessity days for personal business, as long as the employee notifies the supervisor in writing ahead of the absence in accordance with the specific collective bargaining agreements.
Qualifying Event (Local 99 Only)	For Local 99 employees only, one day in accordance with the collective bargaining unit, shall be available for any reason, chargeable to illness. If unused, such day shall not accumulate from year to year.
Bereavement	For the death of an immediate family member. See the applicable Board Rule or collective bargaining agreement for further definitions and pertinent occasions.
2C: ABSENCE REQUEST: Events or absences scheduled in advance. Absences of this nature are requested.	
EMPLOYEE: ALL	
Court Subpoena (Witness)	Granted to an employee for the actual time he or she needs to comply with a subpoena to appear as a witness. (See HR Guide P-407).
Governmental Order	Employee to appear as a witness in court, other than as a litigant, or to respond to an official order from another governmental jurisdiction for reasons not brought about through misconduct or connivance on the part of the employee (See HR Guide P-407).
Jury Duty	Granted to an employee for the actual time he or she needs to comply with a summons for jury duty (See HR Guide P-407).
Unpaid	After all vacation or illness days are exhausted, an employee may take a day without compensation in accordance with the particular Board Rule or the applicable collective bargaining agreement.
Vacation	The number of days or hours per year for which an employer agrees to pay workers, for other than illness, while they are not working. See the Board Rules or the specific contractual bargaining agreement for accrual rates.
Work-Related	Employees may participate in examinations and other employment procedures and employee may be paid their regular salary for anytime they are unable to work at their place of employment because it is closed due to epidemic or emergencies. The specific details and items the employee is eligible for are listed in the applicable Board Rules or the specific collective bargaining agreement of the unit the employee belongs too.
EMPLOYEE: ADMINISTRATOR	
Organization	An organization leave is a leave which is granted to enable an employee to serve as an elected officer of any local community college district public employee organization, or of any statewide or national public employee organization with which the local organization is affiliated. See individual bargaining unit contracts for additional definitions. See Education Code Sections 87768.5 and 88210.
Wellness Day [Teamsters Only]	One (1) day granted each fiscal year to only the Teamsters; Unit member shall give supervisor a minimum 2 days prior written notice; If not used in fiscal year, day shall not carry forward.
EMPLOYEE: FACULTY	
Compensatory Time Taken	Any non-classroom faculty member who agrees to work in accordance with the collective bargaining agreement during a holiday, vacation day that is not part of their assignment basis will be allowed compensatory time off after the service is rendered.
Conference / Meeting	A faculty member may in certain cases be paid to conferences/meetings. See the collective bargaining agreement for all applicable instances.
Floating Holiday ["D"-Basis Only]	All full-time employees assigned to non-classroom teaching duties may elect, subject to the approval of the college president or vice chancellor, to take vacation days at a time other than when the vacation day is scheduled. These vacation days must be taken during the period of time such an employee is normally assigned.
Maternity / Paternity	Leave of absence for any contract or regular faculty member who is required to absent herself or himself from their duties due to the birth or impending birth of a child or arrival of an adopted child.
Non-Duty ["D" basis Only]	"D" Basis assignments paid over 12 months are based on a total of 240 duty days to be worked between July 1 and June 30 and a pre-determined number of <u>unpaid</u> days to be taken off each year; such <u>unpaid</u> days are reported as non-duty days.
Personal Annual Leave (PAL)	Up to one day per year, designated for a significant event, shall be available to the faculty member without being deducted from the number of full pay days allocated to the faculty member; if unused, such day shall not accumulate from year to year.
EMPLOYEE: CLASSIFIED	
Annual Eye Exam	This must be completed prior to the exam. Upon returning from the exam, a completed <u>Physician's Certification</u> (LACCD Form P-402) must be submitted. See form P-402 for the applicable units and the amount of time allocated for the exam.
Annual Physical	This must be completed prior to the exam. Upon returning from the exam, a completed <u>Physician's Certification</u> (LACCD Form P-402) must be submitted. See form P-402 for the applicable units and the amount of time allocated for the exam.
Casual Absence	Casual Absence is excused paid absence when good reason for such absence exists and may be denied by the supervisor if the work of the unit is materially retarded.
Compensatory Time Taken	Overtime is compensated as either a cash payment or compensatory time off in accordance with the applicable Board Rule of collective bargaining agreement. If compensatory time is taken, the employee must abide by the applicable Board Rule of collective bargaining agreement.
Non-Duty ["G" Basis Only]	"G" Basis assignments paid over 12 months are based on a total of 239 duty days to be worked between July 1 and June 30 and a pre-determined number of <u>unpaid</u> days to be taken off each year; such <u>unpaid</u> days are reported as non-duty days.
Organization	An organization leave is a leave which is granted to enable an employee to serve as an elected officer of any local community college district public employee organization, or of any statewide or national public employee organization with which the local organization is affiliated. See individual bargaining unit contracts for additional definitions. See Education Code Sections 87768.5 and 88210.
Personal Annual Leave (PAL) [1521A & 721]	In accordance with the AFT 1521A and Local 721 collective bargaining agreements, one day may be available to the employee with being deducted from the number of full-pay days allocated to Personal Necessity. If unused, such day shall not accumulate from year to year.
Parental [1521A only]	Mandatory leave granted to an employee due to the birth of his/her own child or the arrival of a his/her own adopted child.
Substitute Holiday	In certain instances in accordance with the specific collective bargaining agreements, an employee may take a day off identified in place of the holiday if the supervisor agrees to the plan.
Union Activities	In accordance with the particular collective bargaining agreements union release time may be granted in one of the five occasions below: <u>Meetings/Conferences</u> (Time Code 1830), <u>Fixed allocation union release time</u> (Time Code 1845), <u>Negotiation release time</u> (Time Code 1850), <u>Representation activities</u> (Time Code 1860), <u>Participatory Governance</u> (Time Code 1865). Enter the type of activities on the associated line.
Vacation in Lieu of Illness	When a permanent employee has exhausted his/her full-pay illness credit, he/she shall, at his/her request be allowed vacation in lieu of half-pay illness. The number of days paid as vacation may not exceed the employee's vacation allowance.



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Notice Regarding Change in Law Related to Paid Sick Leave Eligibility for Unclassified Employees

Purpose of Notice

On January 1, 2015, the State of California enacted the Healthy Workplaces and Healthy Families which became effective on July 1, 2015. This bulletin is to clarify the effect on employees with unclassified assignments and explain the accrual process and use of sick leave for eligible employees with unclassified assignments.

Impacted Employees

- Temporary, seasonal, and part-time employees in the unclassified service, which includes student employees.

EXCLUSIONS

- *Employees who are already provided with paid sick leave which exceeds 24 hours or 3 days in a year are not covered by this law. This includes the following: all academic and classified employees in regular status, including those who are covered by collective bargaining agreements and those who are unrepresented; unclassified employees with salaried limited and adjunct faculty assignments; and retirees.*

Eligible Reasons for Use

- Diagnosis, care, or treatment of an existing health condition or preventive care for the employee or a family member which includes parent, child, spouse, registered domestic partner, parent-in-law, sibling, grandchild or grandparent of the employee; or
- When the employee is a victim of domestic violence, sexual assault, or stalking, for the purposes described in:
 - Labor Code Section 230(c)
 - To obtain or attempt to obtain any relief, including, but not limited to, a temporary restraining order, restraining order, or other injunctive relief, to help ensure the health, safety, or welfare of the victim or his or her child; and
 - Labor Code Section 230.1(a).
 - To seek medical attention for injuries caused by domestic violence, sexual assault, or stalking.
 - To obtain services from a domestic violence shelter, program, or rape crisis center as a result of domestic violence, sexual assault, or stalking.
 - To obtain psychological counseling related to an experience of domestic violence, sexual assault, or stalking.
 - To participate in safety planning and take other actions to increase safety from future domestic violence, sexual assault, or stalking, including temporary or permanent relocation.

Accrual of Paid Sick Leave

- The amount of paid sick leave available to an individual employee is based on the number of hours the employee works. Any and all hours worked, including overtime hours, count for accrual purposes; however an overtime hour is equal to a straight time hour for purposes of sick pay accrual. The accrual rate is 1 hour of paid sick leave for every 30 hours worked. Accrual begins on the first day of employment or July 1, 2015, whichever is later. The amount of time an employee has accrued will be displayed on their pay check stub.
- An employee may accrue up to 48 hours or 6 days of paid sick leave in a fiscal year (whichever is greater),



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but can only use 24 hours or 3 days of accrued paid sick leave in a fiscal year (whichever is greater). The difference between accrual and use limits enables an employee to carry over the balance thus beginning each new fiscal year with paid sick leave time to use.

- When an employee reaches the maximum number (quota) of paid sick leave hours or days during a fiscal year, i.e. 48 hours or 6 days, they will cease to accrue additional paid sick leave time, until they fall below the maximum annual quota at which time they will again be eligible to accrue.

Using Paid Sick Leave

- Accrued paid illness days may be used after 90 calendar days of employment on or after July 1, 2015. The 90 days need not be consecutive.
- Paid illness days may not be granted or used before accrued time is earned and available.
- The minimum increment of paid illness leave which can be taken is 2 hours. After the minimum is met, additional increments of one-quarter hour may be added, i.e., 2 hours and 15 minutes or 30 minutes.

Rate of Pay

- The rate of pay for paid illness leave will be the employee's current rate of pay at the time the illness leave is taken. If an employee has multiple assignments, each assignment stands alone.

How to Request Paid Illness Leave

- The employee must notify his/her supervisor of the need to use illness leave in advance, when the absence can be foreseen, and within the first two working hours of his/her work shift, when practicable, in unforeseen situations.
- Submit an Unclassified Absence Certification/Request form ([LACCD Form TA-1U](#)) at the earliest possible opportunity that the absence was due to illness, injury, or other qualifying option. The form is available at the LACCD website under forms
- Nothing shall preclude the supervisor from taking necessary steps to verify the validity of the illness leave. Salary payment may be withheld from an employee who does not comply with the provisions of this section.

Special Provisions

- Upon separation from the District, there will be no lump sum payment for unused paid sick leave.
- If an employee separates from the District, but returns to an eligible employment status with the District within one year from date of separation, unused illness will be restored for use. If the employee returns to eligible employment after one year from separation date, the employee will again be required to work a minimum of 30 calendar days before becoming eligible.
- Unused paid illness leave is not transferable to another employer or from another employer.
- Retaliation or discrimination against an employee who requests or uses paid sick days is prohibited. An employee may file a complaint with the Labor Commissioner against an employer who retaliates or discriminates against the employee for exercising these rights or other rights protected under the Labor Code. Local offices are listed on the website at <http://www.dir.ca.gov/dlse/DistrictOffices.htm>.

Questions

Unclassified employees with questions regarding the policy and procedures addressed in this document should first talk with their supervisor and location personnel office. If questions cannot be answered the employee may contact the Division of Human Resources Operations Unit at (213) 891-2252.