



Pasadena Unified School District

Human Resources: Guide to Maternity & Parental Leave

Answers to frequently Asked Questions about
Maternity/Parental Leave, FMLA and CFRA

Pasadena Unified School District
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Congratulations!

We hope you will find the information in this packet a helpful tool in planning your Maternity or Parental Leave.

Please note: This summary is intended to be an aid in providing employees who will be on Maternity or Parental Leave with possible leave options.

While every attempt is made to align this packet with current California and Federal Leave Laws, it is important to remember these laws are ever-changing and information within this packet is subject to change without notice.

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Frequently Asked Questions

1. I just found out I'm pregnant – what should I do?

Let your site administrator or supervisor know so that preliminary planning for coverage of your position can begin. Come by the Human Resources Office in Room 116 of the District Offices to pick up your "Guide to Maternity/Parental Leave" packet. When you have an estimated date of delivery, please submit the "Maternity Leave Application" (page 7) and the "Benefits Notice for Newborns" (page 8) to Human Resources. The purpose of this form is to provide the District with estimated dates for your Maternity Leave.

2. How long can I keep working?

You can work as long as you and your doctor agree. This is a medical decision that will not be made by the District.

3. I am not due for a few weeks, but my Doctor has placed me off work. What do I do?

If your date of release from work has changed, please submit an updated doctor's note to Human Resources with your new release from work date.

4. What is PDL?

PDL stands for Pregnancy Disability Leave. PDL begins the first date you are placed off work for your pregnancy and/or delivery and continues as long as your doctor indicates; or for a maximum of 17 1/3 weeks, whichever comes first. Employees are paid out of available sick leave.

5. What is FMLA?

FMLA stands for Family Medical Leave Act. FMLA allows qualified employees to take up to 12-weeks of job-protected leave and runs concurrently with Pregnancy Disability Leave (PDL). The employee would access sick time during the period of PDL, but continued leave under FMLA would be unpaid. Since not all employees qualify for FMLA, please check with the Human Resources department for eligibility requirements. The District will send FMLA eligibility paperwork to you when you begin your PDL. FMLA leave begins the first day you are placed off work for your pregnancy and/or delivery and runs concurrently with depletion of sick leave. FMLA also allows you to have the District continue contributions to medical and dental benefits. The employee will still be responsible for his/her portion of the benefit cost. FMLA is limited to 12 workweeks every 12 months. The 12 month period is measured forward from the date of your first FMLA leave usage.

6. What is Education Code Parental Bonding Leave

Education Code Parental Bonding Leave extends 12 work weeks of differential or half pay entitlements during bonding leave to almost all school employees. Education Code Parental Bonding 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" applies to eligible

certificated and classified employees of the District who have been employed for with the District for at least 12 months. Education Code Parental Bonding runs concurrently with FMLA and CFRA Leaves for Parental Leave, while Education Code Parental Bonding Leave runs consecutively to FMLA Leave and concurrently with CFRA Leave for Maternity Leave.

7. I delivered my baby, now what?

Please have a conversation with your doctor to determine your return date. Have the doctor complete the form entitled "Clearance to Return to Work" (Page 9) and deliver it to Human Resources prior to the return date you initially provided to the District when you submitted your Maternity/Parental Leave Request. If you believe you may wish to take additional time after your physician has cleared you to return to work, please have your doctor complete the form entitled "CFRA Certification Form" (Pages 14-18) for FMLA or CFRA leaves and deliver it to Human Resources as soon as possible. This step is preferable done prior to the start of your Maternity/Parental leave. Please remember to contact the Payroll/Benefits department within 30 days of birth if you choose to add your baby to your health plan.

8. What is the normal length of time I would be allowed to be off work?

Because every pregnancy is different, you and your doctor determine the length of time away from work. A routine maternity leave is 6 weeks following a natural delivery, or 8 weeks following a cesarean section. You and your doctor may determine that you need additional time before or after the delivery of your baby.

9. When can I return to work?

You may return as soon as your doctor releases you. Again, this is a medical decision that will not be made by the District.

10. What if I want to stay out a little longer after my doctor releases me?

Once you receive medical clearance to return to work, you may request to remain off work for the remainder of the 12-week allowance available under FMLA, CFRA, or Education Code Parental Bonding Leave (if you meet eligibility requirements). FMLA and CFRA Leaves are both unpaid leaves, but Education Code Parental Leave allows you to utilize any available sick leaves to supplement your pay. Please have your doctor complete the form entitled "CFRA Certification Form" (Pages 14-18) for FMLA or CFRA leaves and deliver it to Human Resources as soon as possible. This step is preferable done prior to the start of your Maternity/Parental leave.

11. What if I want to stay out beyond the 12 weeks of FMLA?

Any time beyond FMLA would fall under CFRA, unless the employee took the full 17 1/3 weeks of PDL.

12. What is CFRA?

CFRA stands for California Family Rights Act. CFRA allows for an additional 12 weeks of leave for employees to bond with a newborn child or a child placed for adoption/foster care, the employee's own serious health condition, or to care for the employee's spouse,

dependent child, or parents with a serious health condition. CFRA cannot be used while an employee is out on PDL, but can be used as soon as an employee is cleared to return from PDL by their treating physician. CFRA is limited to 12 work weeks within a 12 month period. The 12-month period is measured forward from the date of your first CFRA leave usage. Much like FMLA, not all employees are eligible for CFRA. Please contact your Human Resources department to discuss eligibility.

13. I want to stay out even longer. Are there any options?

You may request a Leave of Absence, but this will be unpaid. Please be advised that you will not receive any salary or District-paid benefits during this leave. However, benefits may be purchased through the District.

14. Do I deplete my sick leave when I am on maternity leave?

Yes. Sick leave is exhausted first. If you are a classified employee and you would like to use your vacation days, you are required to submit a written request.

15. What happens when I run out of sick/vacation time?

Once these leaves are exhausted, employees are placed on Extended Sick Leave (ESL) where they receive differential pay for up to 20 working weeks until your doctor releases you to return to work. Differential pay is the difference between your daily rate and the cost of the substitute filling your position.

16. Do holidays or non-duty days count against my time off?

Non duty days and holidays are not deducted from your sick leave balance.

17. What about my benefits?

Benefit coverage will continue until your doctor releases you to return to work. If your doctor has indicated you may return to work and you are still out under FMLA, District contribution to your benefits will continue. If FMLA is exhausted and you have not returned to work, the district will not continue to cover the cost of your benefits and you will be responsible for the full premium of your benefits.

18. Do I qualify for state disability (SDI)?

Since teachers and classified employees do not pay State Disability Insurance (SDI), you are probably not eligible. However, eligibility for state disability is determined by that agency and it is suggested you contact SDI for specific information. Any forms sent to us will be quickly returned so that your eligibility can be determined accurately.

19. Disability Insurance, Did you know...?

As an employee of Pasadena Unified School District, you do not contribute to State Disability Insurance. What does that mean? For one thing, that is one less "tax" taken from your monthly paycheck. On the other hand, that also means if you become disabled while an employee (during or outside of work), your monthly paycheck is not protected. As employees, we have sick time but what happens after that time is exhausted? Do you have dependents that rely on your monthly income? If so, you may want to look into enrolling in a plan to fit your needs. Types of plans and rates for plans vary widely and

can be customized by the length of time (short-term/long-term) benefits are paid and by when the benefits begin to pay (elimination periods). There are a number of vendors that offer disability plans. The contact information for vendors can be found on the link in the above section. <https://www.pusd.us/Page/7139>

20. How will my substitute be selected? Am I responsible for finding someone?

The site administrator and Human Resources will assist with finding someone to temporarily fill your position. If you have a recommendation, please inform your site administrator and the substitute desk. Every effort will be made to grant your recommendation. Our intent is to find the most qualified candidate; we cannot guarantee that your desired substitute will be chosen.

21. Will my maternity leave affect achieving permanent status?

Time taken for maternity leave is calculated as if you are still in your position. However, you must be in paid status for a minimum of 75% of the year. If you take extended periods of unpaid leave, it could delay achieving permanent status.

22. If I am a certificated employee and I take a long leave, do I get my school and grade back when I return?

We try to place everyone in their first choice of school and grade but this is not a guarantee. On a short-term maternity leave that does not involve CFRA leave; you will most likely return to the same class. It is important to remember that although FMLA and CFRA are “job-protected leaves,” this does not mean you will return to the exact position you occupied prior to your leave. It is the obligation of the District to place you in the same or comparable position within the scope of your credential (for credentialed employees) upon your return.

23. I have voluntary disability insurance, can I use it?

Some voluntary disability plans cover maternity leave. Please contact the agency directly to discuss your plan. If the agency needs any information from the District, they will send the forms directly to Payroll/Benefits, and the forms will be completed promptly.

24. What is paid Family Leave?

Paid Family Leave (PFL) allows eligible workers partial salary replacement but does not provide job protection or return rights. Eligibility for PFL is not determined by the District. Please contact EDD’s Paid Family Leave department for eligibility determination (Page 15).

25. I’m still confused, who can answer my questions?

Human Resources is here to help! This topic can be very confusing, as every situation is quite different. We strongly suggest you meet with Human Resources to discuss your leave options, as well as make an appointment with Payroll/Benefits to talk about how your salary and benefits may be affected if you plan to take FMLA or CFRA leave.

Timeline for Maternity/Paternity Leaves

BIRTH OF A CHILD:

For the **birth of a child**; employees will have their leaves run as follows:

		BIRTH OF A CHILD					Bonding Leave Time / Not Disabled		
		Disabled Leave Time							
		FMLA - Max 12 Weeks							
		PDL - Max 17 1/3 Weeks if disabled*					CFRA - Max 12 weeks		
Cert.	Using:	Sick Leave	Sub Diff				Sub Diff if any remaining or unpaid		
Class.	Using:	Sick Leave	1/2 Pay	Vacation			Sub Diff if any remaining or unpaid		
Week #		1	4	8	12	17.3	20	24	29.3

*PDL ends as soon as medically released to work. Once medically released to work, and if not returning to work, the employee can request bonding leave for up to 12 weeks. Max leave for all employees under FMLA/CFRA, and PDL is 7 months. District medical premium contribution continues during FMLA, CFRA, and PDL. The employee continues to be responsible for their portion of the premium during these leave periods. Leave past 7 months may be afforded if additional leave is due to medical incapacity and District determines that it is reasonable to offer.

PARENTAL LEAVE/PLACEMENT OF A CHILD DUE TO ADOPTION OR FOSTER CARE:

For the **parental leave or placement of a child with an employee for adoption or foster care**; employees will have their leaves run as follows:

		PLACEMENT OF A CHILD / ADOPTION / FOSTER CARE					Bonding Leave Time / Not Disabled		
		Disabled Leave Time							
		FMLA - Max 12 Weeks					CFRA - Max 12 weeks		
Cert.	Using:	Sick Leave	Sub Diff				Sub Diff if any remaining or unpaid		
Class.	Using:	Sick Leave	1/2 Pay	Vacation			Unpaid Leave (Can use vacation)		
Week #		1	4	8	12	14	16	18	

*Please note there are some limitations to the length of both CFRA and FMLA leaves if both parents work for the District.

LONG TERM CERTIFICATED SUBSTITUTE ORIENTATION

The Human Resources Department will, with the assistance of the school site administrator, arrange the long-term substitute teacher. **Please do not enter your long-term absence on the automated absent system (SmartFind).** Listed below are items to discuss with your long-term substitute and/or your school site administrator prior to your leave. Please note that not all of these topics will apply to every grade level. Please utilize what applies to you and your position and/or site.

1. Student information: health concerns, behavior, parent involvement (restraining orders); IEPs
2. Lesson Plans: past plan book (material already covered), rest of the year plan (roughly), where to find all teacher's guides and student material, workbooks
3. Discipline routine: behavior expectations, class rules, rewards and consequences
4. Class routine: daily schedule; rules regarding bathroom use, sharpening pencils, and drinks; signal used to get students' attention; rainy days; emergency drills; roll call
5. Class list/seating chart
6. Yard duty responsibilities: where, when, what
7. Out of classroom activities: PE, music, computers, library
8. Prep period schedule
9. Grading procedures: grade book, report cards, grading system (percentage, letter grads, stickers, stamps), any portfolios
10. Homework policy: typical assignment, frequency
11. Birthdays: do you celebrate them, how? List of dates
12. Filing system
13. Student jobs/helpers
14. Special person of the week/month
15. Advice/procedures for minimum days or assembly schedule
16. State testing or upcoming events

Your PUSD email and anticipated return

PASADENA UNIFIED SCHOOL DISTRICT

Certificated

MATERNITY LEAVE REQUEST

Classified

Submit completed form to Personnel Services 30 (thirty) calendar days prior to first day of leave.

Section I - To be completed by employee:

NAME: _____ LAST 4 DIGITS OF SOCIAL OR EID: _____

JOB TITLE: _____ WORK SITE: _____

MAILING ADDRESS: _____
Number & Street City State Zip Code

TELEPHONE NUMBER: _____ MESSAGE TELEPHONE: _____

Signature of Employee

Date

Section II - To be completed by attending physician (PLEASE COMPLETE ALL INFORMATION REQUESTED):

A. Date which the above-named patient can no longer assume duties and responsibilities of the position which the patient holds with the Pasadena Unified School District.

Date

B. Expected date of delivery: _____

C. Expected date which the above-named patient may again assume normal duties and responsibilities of the position the patient holds with the Pasadena Unified School District.

Date

If the total Maternity leave (A through C) is more than ten weeks or less than two weeks, please specify medical reason(s) for unusual duration of leave.

I hereby certify the above:

Signature of attending physician

Name of physician

Date: _____

California License Number

SECTION FOR PHYSICIAN'S ADDRESS STAMP:

Section III - To be completed by Immediate Administrator

Signature of Immediate Administrator

Name of Immediate Administrator

Date _____

Signature of the Human Resources Administrator

Name of the Human Resources Administrator

Date _____

Distribution: Human Resources Immediate Administrator Employee Payroll Benefits



MATERNITY LEAVE

BENEFITS OFFICE

PLEASE READ THE FOLLOWING IMPORTANT INFORMATION /SIGN AND RETURN

This is a reminder that your newborn **must be added to your medical/dental plan within 30 days of birth if you would like to provide health coverage for him/her.** In order to add your newborn to the health plan, you must complete change forms in the Benefits Office. You will also need to bring a copy of the hospital certificate of birth. If you miss the 30-day period, you will not be able to add your newborn until the next Open Enrollment. **There are No Exceptions.**

Employees on Maternity Leave, who are on Unpaid Leave of absence and do not continue benefit coverage while on Unpaid Leave, must re-enroll on the medical/dental insurance plan and any other voluntary insurance upon returning to work.

If you have any questions or concerns, please contact the Benefits Office at (626) 396-3600 Ext. 88144.

I _____ have read and understand the information provided above.

Employee Signature

Date

**PLEASE RETURN ALONG WITH YOUR
MATERNITY LEAVE REQUEST FORM**

PASADENA UNIFIED SCHOOL DISTRICT
Human Resources

MEDICAL AUTHORIZATION
and
CLEARANCE TO RETURN TO WORK

(Non-Industrial)

(Must be completed if absence lasts six consecutive days or more)

EMPLOYEE _____ WORK LOCATION _____

JOB TITLE _____

ABSENCE FROM _____ TO _____ TOTAL WORK DAYS _____

MEDICAL AUTHORIZATION
Certification by Physician or Medical Provider

TO PHYSICIAN: Your cooperation in providing the information requested will assist the Pasadena Unified School District to authorize the employee to return to work and in providing any Sick Leave Benefits to which the employee may be entitled. Please refer to the Job Description attached, if applicable.

_____ has been under my care from _____ (date)
to _____ (date) and was last seen by me on _____ (date)

I have examined the attached Job Description, and certify that the employee may return to work without harm to himself or others as a _____ (job title) on _____ (date)

Work restrictions (If none, please state) _____

Physician's Signature _____ Date _____

Physician's Address _____ Phone # _____

DISTRICT CLEARANCE TO RETURN TO WORK

_____ MAY RETURN TO WORK AS A _____

EFFECTIVE _____ WITH THE FOLLOWING RESTRICTIONS: _____

APPROVED BY: _____ TITLE _____ DATE _____

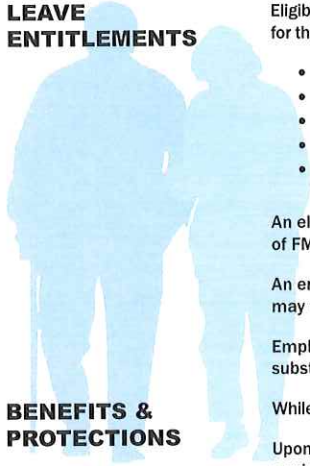
ORIGINAL: Employee File, Human Resources

COPIES: (1) Employee (1) Supervisor

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS



Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

BENEFITS & PROTECTIONS

ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

EMPLOYER RESPONSIBILITIES

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.



For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division





YOUR RIGHTS AND OBLIGATIONS AS A PREGNANT EMPLOYEE

If you are pregnant, have a related medical condition, or are recovering from childbirth, please read this notice.

California law protects employees against discrimination or harassment because of an employee's pregnancy, childbirth or any related medical condition (referred to below as "because of pregnancy"). California law also prohibits employers from denying or interfering with an employee's pregnancy-related employment rights.

YOUR EMPLOYER HAS AN OBLIGATION TO:

- Reasonably accommodate your medical needs related to pregnancy, childbirth or related conditions (such as temporarily modifying your work duties, providing you with a stool or chair, or allowing more frequent breaks);
- Transfer you to a less strenuous or hazardous position (where one is available) or duties if medically needed because of your pregnancy; and
- Provide you with pregnancy disability leave (PDL) of up to four months (the working days you normally would work in one-third of a year or 17 1/3 weeks) and return you to your same job when you are no longer disabled by your pregnancy or, in certain instances, to a comparable job. Taking PDL, however, does not protect you from non-leave related employment actions, such as a layoff.
- Provide a reasonable amount of break time and use of a room or other location in close proximity to the employee's work area to express breast milk in private as set forth in the Labor Code.

FOR PREGNANCY DISABILITY LEAVE:

- PDL is not for an automatic period of time, but for the period of time that you are disabled by pregnancy. Your health care provider determines how much time you will need.
- Once your employer has been informed that you need to take PDL, your employer must guarantee in writing that you can return to work in your same position if you request a written guarantee. Your employer may require you to submit written medical certification from your health care provider substantiating the need for your leave.
- PDL may include, but is not limited to, additional or more frequent breaks, time for prenatal or postnatal medical appointments, doctor-ordered bed rest, severe morning sickness, gestational diabetes, pregnancy-induced hypertension, preeclampsia, recovery from childbirth or loss or end of pregnancy, and/or post-partum depression.
- PDL does not need to be taken all at once but can be taken on an as-needed basis as required by your health care provider, including intermittent leave or a reduced work schedule, all of which counts against your four month entitlement to leave.
- Your leave will be paid or unpaid depending on your employer's policy for other medical leaves. You may also be eligible for state disability insurance or Paid Family Leave (PFL), administered by the California Employment Development Department.
- At your discretion, you can use any vacation or other paid time off during your PDL.

- Your employer may require or you may choose to use any available sick leave during your PDL.
- Your employer is required to continue your group health coverage during your PDL at the same level and under the same conditions that coverage would have been provided if you had continued in employment continuously for the duration of your leave.
- Taking PDL may impact certain of your benefits and your seniority date; please contact your employer for details.
- If possible, you must provide at least 30 days' advance notice for foreseeable events (such as the expected birth of a child or a planned medical treatment for yourself). For events that are unforeseeable, we need you to notify us, at least verbally, as soon as you learn of the need for the leave. Failure to comply with these notice rules is grounds for, and may result in, deferral of the requested leave until you comply with this notice policy.

NOTICE OBLIGATIONS AS AN EMPLOYEE:

- Give your employer reasonable notice. To receive reasonable accommodation, obtain a transfer, or take PDL, you must give your employer sufficient notice for your employer to make appropriate plans. Sufficient notice means 30 days advance notice if the need for the reasonable accommodation, transfer, or PDL is foreseeable, otherwise as soon as practicable if the need is an emergency or unforeseeable.
- Provide a Written Medical Certification from Your Health Care Provider. Except in a medical emergency where there is no time to obtain it, your employer may require you to supply a written medical certification from your health care provider of the medical need for your reasonable accommodation, transfer or PDL. If the need is an emergency or unforeseeable, you must provide this certification within the time frame your employer requests, unless it is not practicable for you to do so under the circumstances despite your diligent, good faith efforts. Your employer must provide at least 15 calendar days for you to submit the certification. See your employer for a copy of a medical certification form to give to your health care provider to complete.
- Please note that if you fail to give your employer reasonable advance notice or, if your employer requires it, written medical certification of your medical need, your employer may be justified in delaying your reasonable accommodation, transfer, or PDL.

ADDITIONAL RIGHTS UNDER CALIFORNIA FAMILY RIGHTS ACT (CFRA) LEAVE:

You also may be entitled to additional rights under the California Family Rights Act of 1993 (CFRA) if you have more than 12 months of service with us and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave. This leave may be up to 12 workweeks in a 12-month period for the birth, adoption, or foster care placement of your child or for your own serious health condition (not related to pregnancy) or that of your child, parent or spouse. While the law provides only unpaid leave, employees may choose or employers may require use of accrued paid leave while taking CFRA leave under certain circumstances. For further information on the availability CFRA leave, please review your employer's Notice regarding the availability of CFRA leave.

This notice is a summary of your rights and obligations under the Fair Employment and Housing Act (FEHA). For more information about your rights and obligations as a pregnant employee, contact your employer, visit the Department of Fair Employment and Housing's Web site at www.dfeh.ca.gov, or contact the Department at (800) 884-1684 (voice or via relay operator 711), TTY (800) 700-2320, or [contact.center@dfeh.ca.gov](mailto:center@dfeh.ca.gov). The text of the FEHA and the regulations interpreting it are available on the Department of Fair Employment and Housing's Web site at www.dfeh.ca.gov.

FAMILY CARE AND MEDICAL LEAVE

DFEH



FACT SHEET

The Fair Employment and Housing Act (FEHA), enforced by the Department of Fair Employment and Housing (DFEH), contains family care and medical leave provisions for California employees.

These leave provisions are known as the California Family Rights Act (CFRA). All employers must provide information about CFRA to their employees and post this information in a conspicuous place where employees tend to gather. A poster that meets this requirement is available on DFEH's "Posters, Brochures and Fact Sheets" webpage (www.dfeh.ca.gov/posters/).

LEAVE REQUIREMENTS

- To be eligible for CFRA leave, an employee must have more than 12 months of service at an employer of five or more full- or part-time employees, and have worked at least 1,250 hours for that employer in the 12-month period before the leave begins.
- An eligible employee may take job-protected leave to bond with a new child¹ by birth, adoption, or foster care placement, within one year of the child's birth, adoption, or foster placement.
- An eligible employee may take job-protected leave to care for a child, spouse, domestic partner, parent², grandparent, grandchild, or sibling with a serious health condition. CFRA leave may also be taken for the employee's own serious health condition.
- An eligible employee may take job-protected leave

¹ "Child" means a biological, adopted, or foster child, a stepchild, a legal ward, or a child of an employee or the employee's domestic partner, or a person to whom the employee stands in loco parentis.

² "Parent" includes a biological, foster, or adoptive parent, a parent-in-law, a stepparent, a legal guardian, or other person who stood in loco parentis to the employee when the employee was a child.

for a qualifying exigency related to the covered active duty or call to covered active duty of a spouse, domestic partner, child, or parent in the Armed Forces of the United States.

- Employees may take leave of up to 12 work weeks in a 12-month period, proportional to an employee's normal work schedule. The leave does not need to be taken in one continuous period of time.

EMPLOYEE'S OBLIGATIONS

- An employer may require an employee to provide 30 days' advance notice of the need for CFRA leave. When this is not possible due to the unexpected nature of the qualifying event, notice should be given as soon as practicable. Notice can be written or verbal and should include the timing and the anticipated duration of the leave, but an employer may not require disclosure of an underlying diagnosis. An employer must respond to a leave request as soon as possible and no later than 5 business days.
- The employer may require written certification from the health-care provider of the individual with a serious health condition stating the reasons for the leave and the probable duration of the condition. However, the health-care provider may not disclose the underlying diagnosis without the consent of the patient.

SALARY AND BENEFITS DURING CFRA LEAVE

- Employers are not required to pay employees during a CFRA leave, but some employers do. In addition, an employee will be paid for any accrued paid time off they elect or are required to use. An employer may require an employee who is taking leave to care for a seriously ill family member or to bond with a new child to use accrued vacation time or other accumulated paid leave other than sick time, unless the employee

FAMILY CARE AND MEDICAL LEAVE

FACT SHEET

DFEH



is receiving Paid Family Leave (see below). If the CFRA leave is for the employee's own serious health condition, an employer may require use of accrued vacation and sick time, unless the employee is receiving State Disability Insurance.

- If the employer provides health benefits under a group plan, the employer must continue to make these benefits available during the leave. Similarly, the employee is entitled to continue accruing seniority and participate in other benefit plans.

RETURN RIGHTS

- After CFRA leave, employees are guaranteed a return to the same or comparable position and can request the guarantee in writing.
- If the same position is no longer available, the employer must offer a position that is comparable in terms of pay, benefits, shift, schedule, geographic location, and working conditions, including privileges, perquisites, and status, unless the employer can prove that no comparable position exists.
- An employee is not entitled to reinstatement if the employee would have been otherwise laid off or terminated for reasons unrelated to their leave.

PREGNANCY DISABILITY LEAVE

- In addition to CFRA leave, employers of five or more employees must provide job-protected leave or accommodations to employees disabled by pregnancy, childbirth, or a related medical condition. Pregnancy disability leave (PDL) is available while an employee is actually disabled, up to a total of four months. This includes time off needed for prenatal or postnatal care, severe morning sickness, doctor-ordered bed rest, childbirth, recovery from childbirth, loss or end of pregnancy, or any other related medical condition. For more information, visit: www.dfeh.ca.gov/family-medical-pregnancy-leave/.

- Employees are entitled to take PDL in addition to any leave entitlement under CFRA.

STATE DISABILITY INSURANCE (SDI) OR PAID FAMILY LEAVE (PFL)

- Employees who are eligible for SDI may receive partial wage replacement for a non-work-related illness, injury, or pregnancy.
- PFL provides benefits to individuals who need to take time off work to care for a family member, to bond with a new child (by birth, adoption, or foster care placement), or for military exigencies. PFL cannot be taken at the same time as SDI.
- SDI and PFL are administered by the Employment Development Department (EDD), not DFEH. For more information, contact EDD at 800.480.3287 or visit: www.edd.ca.gov/Disability/Paid_Family_Leave.htm or www.edd.ca.gov/Disability/About_DL.htm.

If you have been subjected to discrimination, harassment, or retaliation at work, or have been improperly denied leave or reinstatement under CFRA or PDL, file a complaint with DFEH.

TO FILE A COMPLAINT

Department of Fair Employment and Housing

dfeh.ca.gov

Toll Free: 800.884.1684

TTY: 800.700.2320

If you have a disability that requires a reasonable accommodation, DFEH can assist you with your complaint. Contact us through any method above or, for individuals who are deaf or hard of hearing or have speech disabilities, through the California Relay Service (711).

CERTIFICATION OF HEALTH CARE PROVIDER

for California Family Rights Act (CFRA) or Family and Medical Leave Act (FMLA)



IMPORTANT NOTE: The California Genetic Information Nondiscrimination Act of 2011 (CalGINA) prohibits employers and other covered entities from requesting, or requiring, genetic information of an individual or family member of the individual except as specifically allowed by law. *To comply with CalGINA, we are asking that you not provide any genetic information when responding to this request for medical information.* "Genetic Information," as defined by CalGINA, includes information about the individual's or the individual's family member's genetic tests, information regarding the manifestation of a disease or disorder in a family member of the individual, and includes information from genetic services or participation in clinical research that includes genetic services by an individual or any family member of the individual. "Genetic Information" does not include information about an individual's sex or age.

1. Employee Name: _____

2. Patient's Name (if other than employee): _____

Is patient the employee's family member (i.e., child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or domestic partner)? Note: "child" includes a biological, adopted, foster child, a stepchild, a legal ward, a child of the employee's domestic partner, and a person to whom the employee stands in loco parentis. "Parent" includes a biological, foster, or adoptive parent, a parent-in-law, a stepparent, a legal guardian, or other person who stood in loco parentis to the employee when the employee was a child. A biological or legal relationship is not necessary for a person to have stood in loco parentis to the employee as a child.) Yes No

3. Date medical condition or need for treatment commenced [NOTE: THE HEALTH CARE PROVIDER IS NOT TO DISCLOSE THE UNDERLYING DIAGNOSIS WITHOUT CONSENT OF THE PATIENT]: _____

4. Probable duration of medical condition or need for treatment: _____

5. Below is a description of what constitutes a "serious health condition" under both the federal Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA).
Does the patient's condition qualify as a serious health condition? Yes No

6. If the certification is for the serious health condition of the employee, please answer the following:

Is the employee able to perform work of any kind? (If "No," skip next question) Yes No

Is employee unable to perform any one or more of the essential functions of employee's position? (Answer after reviewing statement from employer of essential functions of employee's position, or, if none provided, after discussing with employee.) Yes No

7. If the certification is for the care of the employee's family member, please answer the following:

Does (or will) the patient require assistance for basic medical, hygiene, nutritional needs, safety, or transportation? Yes No

After review of the employee's signed statement (see item 10 below), does the condition warrant the participation of the employee? (This participation may include psychological comfort and/or arranging for third-party care for the family member.) Yes No

8. Estimate the period of time care is needed or during which the employee's presence would be beneficial:

9. Please answer the following questions only if the employee is asking for intermittent leave or a reduced work schedule:

Intermittent Leave: Is it medically necessary for the employee to be off work on an intermittent basis due to the serious health condition of the employee or family member?

Yes No

If yes, please indicate the estimated frequency of the employee's need for intermittent leave due to the serious health condition, and the duration of such leaves (e.g. 1 episode every 3 months lasting 1-2 days):

Frequency: ___ times per ___ week(s) ___ month(s) *Duration:* ___ hours or ___ day(s) per episode

Reduced Schedule Leave: Is it medically necessary for the employee to work less than the employee's normal work schedule due to the serious health condition of the employee or family member?

Yes No

If yes, please indicate the part-time or reduced work schedule the employee needs:

Frequency: ___ hour(s) per day; ___ days per week, from _____ through _____.

Time Off for Medical Appointments or Treatment: Is it medically necessary for the employee to take time off work for doctor's visits or medical treatment, either by the health care practitioner or another provider of health services?

Yes No

If yes, please indicate the estimated frequency of the employee's need for leave for doctor's visits or medical treatment, and the time required for each appointment, including any recovery period:

Frequency: ___ times per ___ week(s) ___ month(s) *Duration:* ___ hours or ___ day(s) per apt./treatment

ITEM 10 IS TO BE COMPLETED BY THE EMPLOYEE NEEDING FAMILY LEAVE.
****TO BE PROVIDED TO THE HEALTH CARE PROVIDER UNDER SEPARATE COVER.

10. When family care leave is needed to care for a seriously-ill family member, the employee shall state the care the employee will provide and an estimate of the time period during which this care will be provided, including a schedule if leave is to be taken intermittently or on a reduced work schedule:

Printed Name of Health Care Provider: _____

SIGNATURE OF HEALTH CARE PROVIDER

DATE

SIGNATURE OF EMPLOYEE

DATE



SERIOUS HEALTH CONDITION

“Serious health condition” means an illness, injury (including, but not limited to, on-the-job injuries), impairment, or physical or mental condition of the employee or a child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or domestic partner of the employee that involves either inpatient care or continuing treatment, including, but not limited to, treatment for substance abuse. A serious health condition may involve one or more of the following:

HOSPITAL CARE

Inpatient care in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care. A person is considered an “inpatient” when a health care facility formally admits the person to the facility with the expectation that the person will remain at least overnight and occupy a bed, even if it later develops that such person can be discharged or transferred to another facility and does not actually remain overnight.

ABSENCE PLUS TREATMENT

(a) A period of incapacity of more than three consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:

1. Treatment two or more times by a health care provider, by a nurse or physician’s assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or
2. Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider.

PREGNANCY

[NOTE: An employee’s own incapacity due to pregnancy is covered as a serious health condition under FMLA but not under CFRA]

Any period of incapacity due to pregnancy or for prenatal care.

CHRONIC CONDITIONS REQUIRING TREATMENT

A chronic condition, which:

1. Requires periodic visits for treatment by a health care provider, or by a nurse or physician’s assistant under direct supervision of a health care provider;
2. Continues over an extended period of time (including recurring episodes of a single underlying condition); and
3. May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).

PERMANENT/LONG-TERM CONDITIONS REQUIRING SUPERVISION

A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer’s, a severe stroke, or the terminal stages of a disease.

MULTIPLE TREATMENTS (NON-CHRONIC CONDITIONS)

Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), or kidney disease (dialysis).



PASADENA UNIFIED SCHOOL DISTRICT

LEAVE OF ABSENCE REQUEST

SUBMIT COMPLETED FORM TO HUMAN RESOURCES

Classified
Certificated
Board Report # _____
Date: _____

Name: _____ Last 4 digits of social or EID#: _____
Mailing Address: _____
Number & Street City State Zip Code
Telephone Number: _____ Message Telephone: _____
ADDRESS WHILE ON LEAVE (IF OTHER THAN ABOVE)
Mailing Address: _____
Number & Street City State Zip Code
Telephone Number: _____ Message Telephone: _____
School/Dept _____ Job Title _____
Type of Leave Requested: _____
IF CHILD REARING, DATE OF CHILD'S BIRTH _____
BEGINNING DATE OF LEAVE: _____ ENDING DATE OF LEAVE: _____
(MONTH DAY YEAR) (MONTH DAY YEAR)

PREVIOUS LEAVE: (IF APPLICABLE)
FROM _____ TO _____ REASON: _____

I UNDERSTAND THAT THIS REQUEST FOR LEAVE CAN BEGIN ONLY AFTER OFFICIAL APPROVAL BY THE BOARD OF EDUCATION.
IF THIS REQUEST FOR LEAVE IS APPROVED, THE FOLLOWING CONDITIONS SHALL BE APPLICABLE:

- A. Upon return from leave, I may be assigned to a different location or type of service.
B. Change of a leave and subsequent reassignment is at the discretion of the District.
C. If I wish to continue my medical, dental and employee-paid insurance plans, I will contact the Benefits Dept. for information concerning payment.
D. I acknowledge that I am to return to duty upon the expiration of my approved leave of absence.
E. It is my responsibility to notify Human Resources of any change of address or telephone number while I am on leave.

REASON FOR REQUEST: _____

Signature of Employee _____ Today's Date _____

APPROVED DISAPPROVED (COMMENTS) _____

SIGNATURE OF IMMEDIATE SUPERVISOR _____ TODAY'S DATE _____

APPROVED DISAPPROVED (COMMENTS) _____

SIGNATURE OF HUMAN RESOURCES SUPERVISOR _____ TODAY'S DATE _____

FOR ADMINISTRATIVE SERVICES ONLY:

- Compensated
 Non-Compensated

COPY AND DISTRIBUTE TO:

- Employee Benefits Site Administrator Leaves Desk
 Payroll HR Technician Sub. Desk

PREGNANCY DISABILITY LEAVE

FACT SHEET

DFEH



The Fair Employment and Housing Act (FEHA), enforced by the California Department of Fair Employment and Housing (DFEH), contains provisions guaranteeing leave for employees disabled by pregnancy, childbirth, or a related medical condition (Pregnancy Disability Leave or PDL).

All employers must provide information about PDL to their employees and post information about pregnancy leave rights in a conspicuous place where employees tend to gather. A poster that meets this requirement is available on DFEH's "Posters, Brochures and Fact Sheets" webpage (www.dfeh.ca.gov/Posters/). Employers who provide employee handbooks must include information about PDL in the handbook.

LEAVE REQUIREMENTS

- An employee disabled by pregnancy, childbirth, or a related medical condition is entitled to up to four months of disability leave per pregnancy. If the employer provides more than four months of leave for other types of temporary disabilities, the same leave must be made available to employees who are disabled due to pregnancy, childbirth, or a related medical condition.
- Leave can be taken before and after birth during any period of time the employee is physically unable to work because of pregnancy or a pregnancy-related condition. All leave taken in connection with a specific pregnancy counts toward computing the four-month period.
- PDL is available when an employee is actually disabled. This includes time off needed for prenatal or postnatal care, severe morning sickness, doctor-ordered bed rest, childbirth, recovery from childbirth, loss or end of pregnancy, or any other related medical condition.

- PDL may be modified as an employee's changing medical condition dictates.
- PDL applies to all employers with five or more full- or part-time employees. Other than having a qualifying pregnancy-related disability, there are no tenure, hours, other eligibility requirements, and full- and part-time employees are treated the same.

EMPLOYEE'S OBLIGATIONS

- If possible, an employee must provide their employer with at least 30 days' advance notice of the date for which the pregnancy disability leave is sought and the estimated duration of the leave.
- If 30 days' advance notice is not possible due to a change in circumstances or a medical emergency, notice must be given as soon as practicable.
- The employer may require written certification from the health-care provider of the employee seeking PDL stating the reasons for the leave and the probable duration of the condition. However, the health-care provider may not disclose the underlying diagnosis without the consent of the patient.

SALARY AND BENEFITS DURING PDL

- An employer may require an employee to use accrued sick leave during any unpaid portion of their pregnancy disability leave. The employee may also choose to use vacation leave or other accrued paid leave to receive compensation for which the employee is eligible, but an employer may not require an employee to use vacation leave or other accrued time off during PDL.
- Your employer must pay for the continuation of your group health benefits if your employer normally pays for those benefits.
- An employee who is disabled by pregnancy may qualify for State Disability Insurance wage replacement while the employee is unable to work. In a normal pregnancy, a worker will typically be disabled 4 weeks before the expected due date.

PREGNANCY DISABILITY LEAVE

FACT SHEET



and 6 weeks after for a vaginal birth or 8 weeks after for a cesarean section. For more information, visit: www.edd.ca.gov/Disability/FAQ_DI_Pregnancy.htm.

RETURN RIGHTS

- It is illegal for an employer to fire an employee because that employee is pregnant or taking pregnancy disability leave. Employers are required by law to reinstate an employee returning from PDL to the same position the employee had before taking leave, and an employee may request this guarantee in writing. In some situations, an employee may be reinstated to a position that is comparable (same tasks, skills, benefits, and pay) to the job they had before taking PDL.
- If the reinstatement date differs from the original agreement, or if no agreement was made, an employer must reinstate the employee within two business days of being given notice that the employee intends to return. When two business days are not feasible, reinstatement must be made as soon as possible to expedite the employee's return.
- However, pregnancy disability leave does not protect employees from employment actions not related to their pregnancy, such as layoffs.

FAMILY AND MEDICAL LEAVE (NON-PREGNANCY)

- In addition to PDL, the California Family Rights Act (CFRA) requires employers of five or more employees to provide 12 weeks of job-protected leave to employees to bond with a new child (by birth, adoption, or foster placement), to care for a family member with a serious health condition, or because the employee has a serious health condition. CFRA leave is not for pregnancy-related conditions, which are covered by PDL. Employees are entitled to take CFRA leave in addition to any leave entitlement related to pregnancy. CFRA leave taken to bond with a new child must be

completed within one year of the birth, adoption, or foster placement. For more information about CFRA leave, visit: www.dfeh.ca.gov/family-medical-pregnancy-leave/.

- Paid Family Leave (PFL) provides benefits to individuals who need to take time off work to care for a seriously ill child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or domestic partner. Benefits are also available to parents who need time to bond with a new child entering their life either by birth, adoption, or foster care placement. For more information, visit: www.edd.ca.gov/Disability/Paid_Family_Leave.htm.

ACCOMMODATIONS WHILE WORKING

- Sometimes employees affected by pregnancy, childbirth, or related medical condition are able to keep working with a reasonable accommodation. If such an employee requests a reasonable accommodation upon the advice of the employee's health-care provider so that the employee can keep working, an employer must provide reasonable accommodation.
- For example, on the advice of a physician, an employee can request to transfer to a less strenuous or hazardous position or modified duties because of the employee's pregnancy-related condition.

TO FILE A COMPLAINT

Department of Fair Employment and Housing
dfeh.ca.gov
Toll Free: 800.884.1684
TTY: 800.700.2320

If you have a disability that requires a reasonable accommodation, DFEH can assist you with your complaint. Contact us through any method above or, for individuals who are deaf or hard of hearing or have speech disabilities, through the California Relay Service (711).

THIS POSTER MUST BE DISPLAYED WHERE EMPLOYEES CAN EASILY READ IT

(Poster may be printed on 8 ½" x 11" letter size paper)

**HEALTHY WORKPLACES/HEALTHY FAMILIES ACT OF 2014
PAID SICK LEAVE**

Entitlement:

- An employee who, on or after July 1, 2015, works in California for 30 or more days within a year from the beginning of employment is entitled to paid sick leave.
- Paid sick leave accrues at the rate of one hour per every 30 hours worked, paid at the employee's regular wage rate. Accrual shall begin on the first day of employment or July 1, 2015, whichever is later.
- Accrued paid sick leave shall carry over to the following year of employment and may be capped at 48 hours or 6 days. However, subject to specified conditions, if an employer has a paid sick leave, paid leave or paid time off policy (PTO) that provides no less than 24 hours or three days of paid leave or paid time off, no accrual or carry over is required if the full amount of leave is received at the beginning of each year in accordance with the policy.

Usage:

- An employee may use accrued paid sick days beginning on the 90th day of employment.
- An employer shall provide paid sick days upon the oral or written request of an employee for themselves or a family member for the diagnosis, care or treatment of an existing health condition or preventive care, or specified purposes for an employee who is a victim of domestic violence, sexual assault, or stalking.
- An employer may limit the use of paid sick days to 24 hours or three days in each year of employment.

Retaliation or discrimination against an employee who requests paid sick days or uses paid sick days or both is prohibited. An employee can file a complaint with the Labor Commissioner against an employer who retaliates or discriminates against the employee.

For additional information you may contact your employer or the local office of the Labor Commissioner. Locate the office by looking at the list of offices on our website <http://www.dir.ca.gov/dlse/DistrictOffices.htm> using the [alphabetical listing of cities, locations, and communities](#). Staff is available in person and by telephone.