ORANGE UNIFIED SCHOOL DISTRICT

Human Resources

1401 North Handy Street ● Orange, CA 92867-4334
714-628-5537 ● 714-628-4011 (Fax)
www.orangeusd.org

MATERNITY LEAVES/ABSENCES

The accompanying materials are intended to assist in planning for your maternity leave. Questions regarding these procedures are welcomed in the Human Resources Office. We appreciate your cooperation in providing the best possible coverage during your absence.

The materials include:

1. EMPLOYEE'S STATEMENT OF ANTICIPATED ABSENCE (Form Enclosed)
This statement should be submitted by you as soon as possible in order to provide the best possible coverage of your assignment during your absence.
2. PHYSICIAN'S VERIFICATION OF DISABILITY RELATED TO PREGNANCY
VERIFICATION OF DISABILITY (Doctor can use enclosed form or their own) Forms to be completed by your physician as soon as all information is known. Doctor to verify the anticipated birth date, and any disability prior to and following the birth of the baby.
3. TYPES OF LEAVE AVAILABLE
This document contains language from the current Collective Agreement, and it is provided for your information.

CERTIFICATED EMPLOYEE ABSENCE/LEAVE AFFIDAVIT

Form (98005) to be completed by you and forwarded to your work location in time to be **submitted to payroll by the 5th of each month**. If you should fail to submit this form by the deadline, the school shall submit a form for you. *This form will still require your signature. This procedure is necessary in order that we meet payroll deadlines.*

INSURANCE COVERAGE OF NEWBORN DEPENDENT

A new dependent, either by birth, adoption or marriage of an employee of Orange Unified School District is automatically covered for the first 30 days as a dependent enrollee. Newborn dependents are enrolled on the date of birth. While hospitalized, newborns who are eligible for benefits may receive services under the coverage of the mother. Once discharged, enrollment of the newborn is necessary to continue receiving services. Employee still has 30 days to enroll.

Failure to notify the appropriate parties may result in lack of coverage for the new dependent.

Please visit the Risk Management/Insurance Office to fill out the necessary forms, or call them at 628-5390, if you have any questions.

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EMPLOYEE'S STATEMENT OF ANTICIPATED ABSENCE

TO: Certificated Human Resources

FROM: Name: _____ Employee ID# _____

Address: _____ Phone: _____

Personal email address: _____ Location: _____

Position:_____ Assignment: _____

SUBJECT: ANTICIPATED ABSENCE FOR MATERNITY LEAVE

The following is the information requested regarding my anticipated absence from work as a result of my maternity leave:

Anticipated date of last day of service: _____

Anticipated date of childbirth: _____

Anticipated date of return to work: _____

The following are comments that may be helpful in planning for my absence:

_____
_____
_____
_____
_____
_____
_____
_____
_____

_____ _____
Employee's Signature Date

Rev. 08/29/25

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PHYSICIAN'S VERIFICATION OF DISABILITY RELATED TO PREGNANCY

TO: **Doctor:** _____

FROM: **Olga McCullough – Assistant Superintendent, Human Resources**

RE: **VERIFICATION OF DISABILITY RELATED TO PREGNANCY**

Verification of Pregnancy Disability for: _____
(Patient/Employee Name)

The Orange Unified School District has a policy that allows salary and benefits for employees who are disabled due to pregnancy, miscarriage, childbirth, and recovery there from. Since the average cost to the District for each day of disability leave is in excess of $193, it is necessary that we have medical verification of such leave with pay.

The Collective Bargaining Agreement with the employee's association required, in part, "that such verification assures the District that such leave is for a disability and is not just for purposes of childcare or any purposes other than pregnancy-related disability". It should also be noted that pregnancy itself is not a disability, and unless a disability is verified, employees are not eligible to use sick leave in order to be absent from work in anticipation of childbirth.

Note to employee: ***This form is to be used only for verification of any disability prior to the birth of the baby and /or prolonged disability.***

VERIFICATION OF DISABILITY

Certification may be made by a licensed physician and surgeon, osteopath, chiropractor, dentist, podiatrist, optometrist, or an authorized medical officer of a United States government facility. Please complete the appropriate statements(s).

TO BE COMPLETED BY PHYSICIAN

Re: _____
(Patient/Employee Name)

1. I attended the patient for his/her present medical problem from: _____ (Date)
   to _____ (Date) intervals of _____ (Date)

2. State the nature, severity, and bodily extent of the incapacitation, disease, or injury:
   _____
   _____
   _____

3. Diagnosis confirmed by x-ray or other test? Yes, _____ No _____
   Findings:
   _____
   _____
   _____

4. Is this patient now pregnant or has she been pregnant since the date of the treatment as reported above? Yes, _____ No _____

   If "Yes", date pregnancy terminated _____, or future EDC _____
   Is the maternity care routine? Yes, _____ No _____
   If "No", state nature and severity of maternal pathology
   _____
   _____
   _____

VERIFICATION OF DISABILITY – Continued

5. Surgery:
   Performed _____ / To be performed _____
   (Date) (Date)
   Type of surgery _____

6. Has the Patient at any time during your attendance for this medical problem been incapable of performing his/her regular work?

   Yes _____. If "Yes", this disability commenced on _____
   (Date)
   No _____.

7. Date entered as a registered bed patient and discharged from such hospital pursuant to your order: Date entered _____ Date discharged _____

8. In what hospital is (or was) the patient confined as a registered bed patient?

   Hospital Name/Address _____

9. Approximate date, in your opinion, disability (if any) should end or has ended sufficiently to permit patient to resume regular or customary work _____
   (Date)
10. I hereby certify the above statements, in my opinion, truly describe the patient's estimated disability duration. I am a _____
    (Type of physician)

    Licensed to practice by the state of _____

    _____ _____
    (Print or type physician's name) (State license number)

    _____
    (Phone number)

    _____
    (Business address)

    _____ _____
    (Physician's signature) (Date)

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TYPES OF LEAVES AVAILABLE

A. EXTENDED ILLNESS OR INJURY/DISABILITY (Collective Agreement/Article 3.240)

3.240 Extended Illness or Injury/Disability

When the unit member is absent from duty due to illness or injury for a period of five (5) school months, or less, whether or not the absence arises out of, or in the course of employment, the amount deducted from the salary due the unit member for that month in which the absence occurs shall not exceed the sum actually paid a substitute employee employed to fill the position during the absence, or, if no substitute was employed, the amount which would have been paid to the substitute. Such payments shall conform with the established procedures of the Orange County Department of Education.

3.241 The District shall make every reasonable effort to secure the services of a substitute employee.

3.242 The five (5) month period shall commence with the first work day after the unit member's accumulated sick leave has been exhausted.

3.243 If the unit member is unable to return to work at the end of the five (5) month period, the unit member shall automatically be placed on an unpaid medical leave until such time as the unit member is judged able by the unit member's physician or other licensed health advisor to return to work. Such medical leave shall be in accordance with medical leave provisions of this Article and runs concurrently with placement on the reemployment list pursuant to Education Code section 44978.1.

3.244 Any unit member may utilize the above-listed leave for the purpose of a disability related to pregnancy, miscarriage, childbirth and the recovery therefrom. The length of such leave, including the date on which the leave shall commence and the date on which the unit member shall resume duties, shall be determined by the unit member and the unit member's physician, provided that such verification assures the District that such leave is for a disability and is not just for the purposes of child care or any purposes other than pregnancy related disability. Such pregnancy disability leave with pay shall be granted and administered in the same manner as any other temporary disability for illness or injury.

TYPES OF LEAVES AVAILABLE - Continued

B. CHILD CARE LEAVE (Collective Agreement/Article 3.400)
(*Available to tenured teachers in OUSD – Refer to Article **3.1100** of Bargaining Agreement)*

3.400 Child Care Leave

3.410 Unit members may be eligible for leave for the purpose of preparing for or the caring of a newly born or newly adopted child pursuant to Section 3.1060. Additional leave may be available pursuant to Sections 3.420 and 3.430. If leave is taken under Sections 3.420 and/or 3.430, such leave shall run concurrently with leave taken pursuant to Section 3.1060.

3.420 One (1) day paid leave shall be granted unit members solely for the birth or adoption of a child. This will be in addition to other leaves and will be non-cumulative and will be granted provided the unit member was in paid status both the day before and the day after the birth or adoption.

3.430 Up to one (1) year leave, without pay, shall be granted, upon request, to unit members to prepare and care for a newly born or newly adopted child; provided such leave request is made at least fifteen (15) work days prior to the requested beginning date and provided further that such commencement date coincides with the best interests of the instructional program.

C. FAMILY CARE AND MEDICAL LEAVE (Collective Agreement/Article 3.1060)

3.1060 Family Care and Medical Leave

3.1061 Eligibility

Any employee who has served the District more than 12 months and who has at least 1,250 hours of service with the District during the previous 12-month period, shall be eligible to take unpaid family care or medical leave under the provisions of this Article.

Family care and medical leave may be used for the following reasons:

a. Because of the birth of the employee's child, and in order to care for the child.

b. Because of the placement of a child with the employee for foster care or in connection with the employee's adoption of the child.

c. To care for the employee's immediate family member with a serious health condition.

d. Because of the employee's own serious health condition that makes the employee unable to perform the functions of his/her position.

TYPES OF LEAVES AVAILABLE - Continued

3.1062 Definitions

For purpose of this Article, "child" means a biological, adopted or foster son or daughter, a stepson or stepdaughter, a legal ward or a child of a person standing in loco parentis as long as the child is under 18 years of age or an adult dependent child.

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

"Immediate family" as defined in the Collective Bargaining Agreement Section 3.330.

"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 continuing supervision by a health care provider.

3.1063 Duration of Leave

Family care and medical leave shall not exceed 12 workweeks during any 12-month period. The 12-month period for calculating leave entitlement shall commence on the date the employee's first family care or medical leave begins. The 12 weeks of family care and medical leave to which an employee is entitled under state law shall run concurrently with the 12 weeks of family care and medical leave to which an employee is entitled under federal law, except for any leave taken under federal law for disability on account of pregnancy, childbirth, or related medical conditions.

Leave taken for a birth, or placement for adoption or foster care, must be concluded within one year of the birth or placement.

3.1064 Terms of Leave

During the period of family care or medical leave, the employee shall use his/her other accrued time off, or any other paid or unpaid time off negotiated with the District. If an employee takes a leave because of the employee's own serious health condition, the employee shall substitute accrued sick leave and/or differential leave during the period of the leave taken pursuant to this Article.

3.1065 Maintenance of Benefits

During the period of family care or medical leave, the employee shall continue to be entitled to participate in the District's health plan and the District shall continue to pay health care premiums under such plan on the same terms as if the employee had continued to work during the period of the leave. Any premium payments required to be made by the employee must be paid at the same time as they would have been due by payroll deduction.

The District may recover health insurance premiums paid on behalf of the employee during the period of the family care or medical leave, if both of the following conditions occur: The employee fails to return from leave after the period of leave to which the employee is entitled has expired and the employee's failure to return from leave is for a reason other than the continuation, recurrence, or onset of a serious health condition that entitles the employee to leave under state or federal law or other circumstances beyond the control of the employee.

3.1066 Advance Notice of Leave

If an employee learns of the need for family care or medical leave more than 30 days before the leave is to begin, he/she shall give the District at least 30 days advance notice or as soon as practical. If leave is needed for a planned medical treatment or supervision, the employee shall make a reasonable effort to schedule the treatment or supervision to avoid disruption of District operations. If leave is taken intermittently or on a reduced leave schedule, the District may temporarily transfer the employee as permitted by law.

3.1067 Certifications

An employee's request for leave shall be supported by a certification from the health care provider of the person requiring care. This certification shall include:

a. The date, if known, on which the serious health condition began; and
b. The probable duration of the condition.

In addition, if the request for leave is to care for a family member, the certification shall include an estimate of the amount of time the employee needs to care for the person requiring care and a statement that the serious health condition warrants the participation of a family member to provide care during the period of the leave. If the request for leave is based on the employee's own serious health condition, the certification shall include a statement that, due to the serious health condition, the employee is unable to perform the functions of his/her position.

If the employee is requesting leave for intermittent treatment or leave on a reduced leave schedule for planned medical treatment, the certification must also state the medical necessity for the leave, the dates on which treatment is expected to be given, the duration of the treatment and the expected duration of the leave.

In any case in which the District has reason to doubt the validity of any certification provided to support an employee's request to take leave because of the employee's own serious health condition, the District may require the opinion of a second and third health care provider consistent with state and federal law.

3.1068 Reinstatement/Non-Discrimination

Upon granting an employee's request for family care or medical leave, the District shall reinstate the employee in the same or a comparable position when the leave ends to the extent required by law.

3.1069 Notifications

In accordance with law, the District shall notify employees of their right to request family care and medical leave.

3.1100 Rights Upon Return

An employee on a leave and replaced by a substitute may be returned to the assigned position held prior to taking a leave if circumstances permit or, upon consent of the employee, to another vacant position for which the employee is qualified. Upon notification of the employee's intent to return, the employer shall inform the employee of the web address for current position vacancies on the District website. If conditions permit, the employee may be assigned to a position similar to that held prior to leave.

Until the time the employee is reassigned from leave status, the employee may apply for reassignment to any vacancy, and may indicate preferences to the Human Resources Office for reassignment beyond current vacancies. The employee shall be notified of reassignment from leave status as soon as such reassignment is made by the Human Resources Office. Leaves of absence as specified in this Article shall be limited to tenured teachers in the District with the following exceptions: educational leave, sick leave, court summons leave, jury leave, maternity leave, bereavement leave and industrial accident/illness leave.