

**Palo Alto Unified School District
Classified Leave of Absence Request
Pregnancy Disability, Extended Sick Leave, Bonding Leave, and Leave Without Pay**

(See Pages 3 and 4 for explanation of types of leave).

Employee Name _____

School/Dept. _____

Signature _____

Last Four Digits of SSN _____

**(A) PREGNANCY DISABILITY
THIS SECTION TO BE COMPLETED ONLY BY PHYSICIAN**

Note: We may require a verification of disability through consultation with the employee's physician.

On the basis of my medical examination, the above named individual is temporarily disabled by pregnancy, childbirth or maternity and unable to perform her normal duties during the following period of time:

First Day of Pregnancy Disability: _____ Anticipated Last Day of Disability: _____

If disability due to pregnancy:

Patient's anticipated delivery date: _____ C-section Recommended/Scheduled: Yes No

Name of Physician (Print) Signature of Physician Date

Additional comments:

**(B) EXTENDED SICK LEAVE
THIS SECTION TO BE COMPLETED ONLY BY PHYSICIAN**

Note: We may require a verification of disability through consultation with the employee's physician.

On the basis of my medical examination, the above named individual is unable to perform their duties due to personal illness or injury during the following period of time:

First Day of Medical Disability: _____ Anticipated Last Day of Disability: _____

Name of Physician (Print) Signature of Physician Date

Additional comments:

(C) FAMILY MEDICAL LEAVE ACT (FMLA Leave)

With eligibility, a maximum of 12 weeks may be requested. See Page 3 for explanation.

I am requesting leave beginning _____ through _____.

Additional comments or dates:

(D) BONDING LEAVE (Maternity/Paternity Leave) Effective 1/1/2017 AB 375

With eligibility, a maximum of 12 weeks may be requested. For new child bonding (birth, adoption, or fostering)

I request bonding leave beginning _____ through _____.

Additional comments or dates:

*In the case of maternity medical leave, bonding leave will follow the end of the pregnancy disability.

(E) LEAVE WITHOUT PAY

With eligibility, a maximum of 18 months may be requested.

I am requesting leave for the following reasons:

Requested leave dates Start: _____ End: _____.

Additional Comments:

Principal Signature Date

HR Director/Assistant Superintendent Date

Type of Leave	Duration	Details	Pay Status
<p><u>(A) Pregnancy Disability Leave(PDL)</u></p> <p>Contracted Employees</p>	<p>Employee disabled by pregnancy, miscarriage, childbirth, and recovery therefrom.</p>	<p>Employee must provide evidence of medical verification of inability to work from physician. Must have worked 1250 hours at PAUSD in past year to be eligible</p>	<p>Paid. Benefits continue at the current employee rate. Employee must use accrued sick leave. Once sick leave has been exhausted extended sick leave kicks in.</p>
<p><u>(B) Extended Sick Leave</u></p> <p>Contracted Employees</p> <p>(Ed code 45191 & 45197)</p>	<p>Employee disabled by pregnancy, childbirth or personal illness or injury. This period not to exceed 100 days per school year. Runs concurrently with PDL, FMLA and Industrial Accident.</p>	<p>Employee must provide evidence of medical verification of inability to work from physician. Must have worked 1250 hours at PAUSD in past year to be eligible. Provides employee with a job in the district not necessarily the same job.</p>	<p>Once sick leave has been exhausted, employee is eligible for differential pay. Differential pay is calculated by taking employee's daily pay rate and subtracting the appropriate sub pay rate.</p>
<p><u>(C) Family Medical Leave Act</u> (FMLA)</p>	<p>Up to 12 weeks (60days) in any 12-month period for bonding of newborn, adopted or foster child, family member serious health condition. Employee with serious health condition or employees.</p>	<p>Must be taken during the first year of baby's life. Both fathers and mothers are eligible. Must have worked 1250 hours at PAUSD in past year to be eligible. Provides job protection not pay protection. Intermittent leave requires administrative approval.</p>	<p>Unpaid leave with benefits continuing at current employee rates. Employees are not required to use sick or vacation leave during this time.</p>
<p><u>(D) Bonding Leave</u></p> <p>(Effective 1/1/17 Classified Ed Code 45196.1 and AB 375)</p>	<p>May begin right after a Pregnancy Disability for maternity leave, or following adoption or foster placement. Maximum of 12 weeks (60 days) may be requested. Runs concurrently to FMLA/CFRA.</p>	<p>If the 12 weeks (60 days) are interrupted by winter, spring, or summer break, the count of days will resume when the work days' resume. Must have worked 12 months at PAUSD to be eligible. Must be taken during the first year of baby's life. Both fathers and mothers are eligible. Provides job protection and pay protection. All contracted classified staff eligible regardless of hours worked. Intermittent leave requires administrative approval.</p>	<p>Paid. Benefits continue at current employee rate. Employee must use accrued sick leave. If sick leave runs out, employee eligible for differential pay. Differential pay is calculated by taking employee's daily pay rate and subtracting the appropriate sub pay rate not to exceed 50 % of regular salary.</p>
<p><u>(E) Leave Without Pay</u></p> <p>Contracted Employees (12 months of service required to be eligible.)</p>	<p>Begins after all other leaves and paid time off have been exhausted. Employee may be granted leave of absence without pay not to exceed 18 months for illness beyond paid leave; educational training or work experience that will benefit the District and other personal reasons that do not cause inconvenience to the District.</p>	<p>Granted at the convenience of the District and when recommended by the Superintendent.</p>	<p>Unpaid and benefits no longer paid for by the district. Employee may continue PAUSD benefit plans by paying full premiums.</p>

Type of Leave	Duration	Details	Pay Status
<p><u>Other Leaves:</u> Bereavement Leave</p>	<p>Maximum of five days paid leave for death of immediate family member.</p>	<p>Immediate family includes: spouse, domestic partner, mother, father, grandparent or grandchild of employee and employee spouse.</p>	<p>Paid at regular pay rate.</p>
<p>Critical Family Illness Leave</p>	<p>Maximum of three days paid leave of absence without deduction from accumulated sick leave for critical illness or serious injury to an immediate family member that requires hospitalization</p>	<p>A copy of hospital document required.</p>	<p>Paid at regular pay rate.</p>
<p>Judicial Leave</p>	<p>Paid leave for jury duty and to appear as witness in court other than as litigation, for reasons not brought about through convenience or misconduct of the employee.</p>		<p>Paid. Will receive differential pay. The employee may retain any fee paid as travel allowance.</p>
<p>Subpoena Leave</p>	<p>If an employee is subpoenaed as a witness in court and is not litigation, or appears as a witness for the Board of Education without subpoena, no salary deduction shall be made for such absence.</p>	<p>A copy of court documents required.</p>	<p>Paid. No salary deduction shall be made for the absence. Any amount received as a witness fee must be endorsed to the Classified Human Resources office, if the employee requests subpoena leave.</p>
<p>Military Leave</p>	<p>Classified employee who is a member of the reserve corps of the armed forces of the USA, the National Guard or the National Militia is entitled temporary military leave of absence.</p>	<p>A copy of military orders required.</p>	<p>Unpaid. Job protection.</p>