

EMPLOYEE INSTRUCTIONS FOR A LEAVE OF ABSENCE

WHAT IS A LEAVE OF ABSENCE?

A LEAVE OF ABSENCE IS ANY PERIOD OF TIME, PAID OR UNPAID, WHEN YOU WILL NOT BE AT WORK ON A CONTINUOUS OR INTERMITTENT BASIS DUE TO YOUR OWN SERIOUS HEALTH CONDITION OR TO CARE FOR A FAMILY MEMBER WITH A SERIOUS HEALTH CONDITION.

YOU MAY BE ELIGIBLE FOR CERTAIN TYPES OF JOB PROTECTION AND/OR PAY WHILE OUT ON A LEAVE OF ABSENCE. THESE INCLUDE FAMILY MEDICAL LEAVE ACT (FMLA), CALIFORNIA FAMILY RIGHTS ACT (CFRA), PREGNANCY DISABILITY ACT (PDA), PARENTAL LEAVE AND FAMILY CARE (PLFC), AND/OR EXTENDED ILLNESS (EI). FOR MORE INFORMATION ABOUT LEAVE PROTECTION, PLEASE REFER TO YOUR BARGAINING AGREEMENTS AND THE DISTRICT WEBSITE AT WWW.SBCCD.ORG.

WHEN IS A LEAVE OF ABSENCE REQUIRED?

A LEAVE OF ABSENCE MAY BE REQUIRED FOR VARIOUS REASONS:

- YOUR OWN MEDICAL DISABILITY THAT WILL RESULT IN A CONTINUOUS ABSENCE OF **MORE THAN FIVE DAYS** (CSEA, CONFIDENTIAL, MANAGEMENT) OR **FIVE OR MORE DAYS** (CTA). IF YOU ARE ABSENT FOR LESS THAN THE ABOVE PERIOD, YOU ARE NOT REQUIRED TO REQUEST A LEAVE OF ABSENCE OR PROVIDE PROOF OF YOUR ILLNESS.
- YOUR OWN MEDICAL DISABILITY THAT WILL REQUIRE INTERMITTENT ABSENCES FOR LONGER THAN ONE WEEK
- THE NEED TO CARE FOR A FAMILY MEMBER WITH A SERIOUS HEALTH CONDITION EITHER CONTINUOUSLY OR ON AN INTERMITTENT BASIS

WHEN DO I REQUEST A LEAVE OF ABSENCE?

- IF YOU WILL BE OUT FOR A **PLANNED EVENT** (SURGERY, PREGNANCY), YOU MUST REQUEST THE LEAVE OF ABSENCE AT LEAST 30 DAYS IN ADVANCE OR IMMEDIATELY UPON YOUR KNOWLEDGE OF THE NEED FOR A LEAVE.
- IF THE LEAVE IS **NOT PLANNED**, YOU MUST IMMEDIATELY REQUEST THE LEAVE UPON YOUR KNOWLEDGE OF THE NEED FOR A LEAVE.

WHAT FORMS ARE REQUIRED TO REQUEST A LEAVE?

1. LEAVE OF ABSENCE APPLICATION

- THIS FORM IS COMPLETED BY YOU. A COPY SHOULD BE GIVEN TO YOUR SUPERVISOR AND THE ORIGINAL SHOULD BE SENT TO THE HUMAN RESOURCES OFFICE.

2. CERTIFICATE OF HEALTH CARE PROVIDER

- THE TOP SECTION OF THIS FORM IS COMPLETED BY YOU. YOU MUST SIGN THE FORM TO AUTHORIZE THE DOCTOR TO RELEASE THE REQUESTED INFORMATION TO THE DISTRICT. THE REST OF THE FORM MUST BE COMPLETED BY THE APPROPRIATE DOCTOR. YOU MUST ALSO PROVIDE A COPY OF YOUR JOB DESCRIPTION TO YOUR DOCTOR, IF THE LEAVE IS FOR YOUR OWN MEDICAL CONDITION.
- THIS FORM SHOULD ONLY BE GIVEN TO HUMAN RESOURCES. YOUR MEDICAL INFORMATION IS NEVER REQUIRED TO BE GIVEN TO YOUR SUPERVISOR.

LEAVE FORMS AND YOUR JOB DESCRIPTION CAN BE FOUND ON THE DISTRICT WEBSITE AT WWW.SBCCD.ORG OR BY CONTACTING THE HUMAN RESOURCES OFFICE.

HOW WILL I KNOW IF MY LEAVE IS APPROVED?

YOU WILL RECEIVE A LETTER FROM HUMAN RESOURCES IDENTIFYING EITHER YOUR APPROVAL, OR REQUESTING ADDITIONAL INFORMATION. IF YOU HAVE ANY QUESTIONS ABOUT THE STATUS OF YOUR LEAVE, PLEASE CALL THE HUMAN RESOURCES OFFICE AT 909-382-4040.

HOW AM I PAID WHILE ON LEAVE?

PAY WHILE ON LEAVE IS BASED ON MANY FACTORS INCLUDING YOUR BARGAINING AGREEMENT. YOU SHOULD CONTACT PAYROLL IF YOU HAVE SPECIFIC QUESTIONS ABOUT YOUR PAY OR YOUR AVAILABLE SICK AND/OR VACATION HOURS/DAYS. GENERAL INFORMATION CAN BE FOUND ON THE DISTRICT WEBSITE AT WWW.SBCCD.ORG.

KEEP HUMAN RESOURCES AND YOUR SUPERVISOR INFORMED

IT IS YOUR RESPONSIBILITY TO PROVIDE UPDATED DOCUMENTATION TO HUMAN RESOURCES IF THE NEED FOR YOUR LEAVE CHANGES. IF YOU NEED TO EXTEND YOUR LEAVE, YOU SHOULD COMPLETE A NEW LEAVE OF ABSENCE APPLICATION AND PROVIDE UPDATED MEDICAL INFORMATION.

DO I NEED TO DO ANYTHING TO RETURN TO WORK?

THE DISTRICT REQUIRES THAT YOU PROVIDE A RETURN TO WORK NOTE, DATED WITHIN ONE WEEK OF YOUR INTENDED RETURN DATE. THE NOTE MUST BE PROVIDED TO HUMAN RESOURCES AT LEAST **TWO BUSINESS DAYS PRIOR** TO YOUR INTENDED RETURN DATE. THE NOTE MUST CLEARLY INDICATE IF YOU CAN RETURN TO WORK WITH OR WITHOUT RESTRICTIONS OTHERWISE YOU WILL NOT BE ALLOWED TO RETURN TO WORK.

IF YOU ARE GIVEN **WORK RESTRICTIONS** BY YOUR PHYSICIAN, THEY SHOULD CLEARLY STATE WHAT YOUR LIMITATIONS ARE, INCLUDING ANY RECOMMENDED CHANGE IN YOUR NORMAL SCHEDULE. BE CERTAIN YOU UNDERSTAND THESE LIMITATIONS AND THEY ARE CLEARLY WRITTEN ON YOUR RETURN TO WORK NOTE. THE DISTRICT AND YOUR SUPERVISOR WILL DETERMINE IF YOUR TEMPORARY RESTRICTIONS CAN BE ACCOMMODATED. IF YOUR RESTRICTIONS CANNOT BE ACCOMMODATED, YOU MUST REMAIN OFF WORK.

WHERE CAN I FIND ADDITIONAL INFORMATION ABOUT THE LEAVE PROCESS?

YOUR LEAVE ENTITLEMENT IS GOVERNED BY DISTRICT POLICY AS WELL AS THE BARGAINING AGREEMENTS. IN ADDITION TO THE POLICIES, THERE ARE HELPFUL CHARTS ON THE DISTRICT WEBSITE TO ASSIST YOU IN UNDERSTANDING YOUR RIGHTS WHILE ON DIFFERENT TYPES OF LEAVES. PLEASE VISIT WWW.SBCCD.ORG FOR MORE INFORMATION.

IF YOU HAVE ANY QUESTIONS, CONTACT HUMAN RESOURCES AT 909-382-4040