



Roseville Joint Union High School District

Request for Leave of Absence

(Absences of 5 days or more)

I, _____, EID# _____, request a leave of absence from my position as _____ located at _____.

Duration of Requested Leave:	
First Day of Leave: _____	_____
Last Day of Leave: _____	_____
Is this an extension of a current leave? Yes No	

Contact Information While on Requested Leave:	
Street Address	City/State/Zip
Home/Cell Phone Number	Email Address

Type of Leave Request (see page 2 for definition/description):

<input type="checkbox"/> Employee's Illness or Injury (Dr. Cert Required) <input type="checkbox"/> Care of <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Parent (Dr. Cert Required) <input type="checkbox"/> Birth/Adoption/Foster Care of Child (expected date): _____ <input type="checkbox"/> Pregnancy Disability Leave (Dr. Cert Required) <input type="checkbox"/> Parental Leave (Verification of Birth Required) <input type="checkbox"/> Childrearing Leave (Board Approval Required)	<input type="checkbox"/> Military (requires proof of military orders) <input type="checkbox"/> Other (please explain): _____ _____ _____ _____
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I UNDERSTAND that I must comply with District procedures for requesting leave and provide additional documentation including medical certification (if required).

I UNDERSTAND that if I **DO NOT** work **75%** of my work year calendar, I will **NOT ADVANCE** on the salary schedule and I will have to **REPEAT** current probationary year (if I am on probationary status).

I UNDERSTAND that if my applicable leave is exhausted and I am in **UNPAID/UNPROTECTED** status this will affect my **STRS/PERS** service credit and my benefits will discontinue.

I UNDERSTAND that if I **DO NOT** return to work at the conclusion of my approved family and medical leave, I will be liable for payment of health plan premiums paid by the district during any unpaid portion of my leave. I will also be responsible for reimbursement of any paid out sick or vacation leave that I had not yet accrued. At the beginning of each academic year, the full yearly allotment of sick and vacation leave is granted and front-loaded to each employee with the expectation the employee will work the entire year (even though the leave is actually earned and accrued throughout the year).

For **RSEA** Employees: I UNDERSTAND that while on Extended Sick Leave, if a school year terminates prior to the end of the five month period, if applicable, the *balance* of the five month period would be applied in the subsequent school year.

For **CSEA** Employees: I UNDERSTAND that taking unprotected Childrearing Leave does not guarantee assignment to a position at the end of my leave.

I UNDERSTAND that I must keep my supervisor & Human Resources informed regarding my leave status while I am out on leave.

Employee Signature

Date

Supervisor

Date

Send Completed Form (including med. note if possible) to: Kim Hoffman-H.R./District Office for processing.
 Phone: (916) 782-6565 x1053 Fax: (916) 786-2681 Email: khoffman@rjuhsd.us

DESCRIPTION OF LEAVE REQUIREMENTS

Employees considering taking a leave of absence should refer to the appropriate collective bargaining agreements for a more detailed explanation as to eligibility and permissible lengths of leaves (agreements available online at www.rjuhsd.us/hr).

Illness/Injury

An absence five (5) days or more regarding illness or an injury. Doctor certification is required. Employee must also provide medical verification to returning to work.

Extended Sick Leave/ Sub Differential:

RSEA: Once all sick leave is exhausted, the unit member may be placed on extended sick leave for a period of five (5) months maximum per accident or illness. During this time, the employee shall receive full pay, minus the sum, which is actually paid a substitute employee to fill the absence or if no substitute is employed, the amount which would have been paid to the substitute.

CSEA: Once all leave is exhausted, the unit member may be placed on extended sick leave where the employee will receive fifty percent (50%) of the employee's regular salary. Beyond 100 days, no compensation will be granted for any illness or absence.

Family Medical Leave Act/California Family Rights Act (FMLA/CFRA)

FMLA/CFRA entitles the employee to take up to 12 weeks (60 days) of job/benefit protected leave during a 12-month period for specific purposes. FMLA may be taken for pregnancy disability, to care for a child placed with the employee for adoption or foster care, to care for the employee's spouse, child, or parent who has a serious health condition; the employee's own serious health condition that make the employee unable to perform the essential functions of employee's position. CFRA may be taken for the same reasons listed under FMLA, but excludes a woman's disability due to pregnancy. During the period of family care leave taken by an employee to care for his/her seriously ill spouse, child, or parent, the employee may use his/her accrued sick leave. If two parents are employed by the district they are limited to twelve (12) work weeks (total combined) during any one fiscal year for the birth or placement for adoption or foster care of the employees' child, or to care or a parent with a serious health condition. A doctor certification is required.

Eligibility Requirements

1. Must have one-year continuous service with the District.
2. Must have worked at least 1,250 hours during the previous 12 months or be employed as a full time teacher. A "rolling" 12-month period measured backward from the date an employee first takes FMLA leave is used to calculate the 1,250 hours.

Definitions

Child: Biological, adopted or foster child, stepchild, legal ward, or child of a person standing in loco parentis, who is under 18, or over 18, if incapable of self-care because of a mental or physical disability.

Parent: Biological, foster, or adoptive parent; a stepparent; a legal guardian; or an individual who stood in loco parentis to an employee when the employee was a son or daughter.

Serious Health Condition

Illness, injury, impairment, or physical or mental condition that involves in-patient care in a hospital, hospice, or residential care facility or continuing treatment by a health care provider.

Health Benefits (medical, dental, vision, life, if applicable)

The District will continue to provide District paid health benefits during your FMLA/CFRA leave. Employees will be responsible for paying employee contributions (if any). If the employee fails to return to work after the FMLA leave period has expired, then the employer will recover the health premium expenditures extended during any unpaid leave period.

Pregnancy Disability Leave (PDL)

This time off is determined by the dates that are listed on the doctor certification form. Generally, an employee can take up to four weeks off work prior to the due date, and six to eight weeks off after delivery. The District leave request form must be submitted not less than thirty (30) days prior to the expected commencement date.

Parental Leave

Allows you to take up to 12 weeks (60 days) off work of job/benefit protected leave for the birth, adoption, or foster care placement of a child. To qualify you must have worked for the district for at least 12 months from the date of leave, must use within one year from the date of the child's birth, adoption, or foster care placement with the employee and must be taken in at least two-week increments. Regular sick leave is applied and if exhausted, extended sick leave/sub differential will be applied to the remaining portion. Should the cost of the employee's regular contribution to group benefits exceed the amount being paid on the employee's net payroll check while on parental leave, the employee shall be responsible to reimburse the District for the employee's premium contribution. It also requires verification of birth.

Childrearing Leave

Following the birth or adoption of a child by an employee, the employee may request an UNPAID childrearing leave subject to Board approval, not to exceed twenty-four months (two years). (For CSEA members, the District may grant such leave in multiples of six months)

Military Leave

An employee, upon submission of military verification in writing, at least two weeks prior to the military leave, shall be granted leave of absence without loss of salary to report for annual active duty training provided that leave may not be taken at another time and is mandatory to maintain his/her status in the military. The District will only grant mandatory leave time. The employee shall retain all rights and privileges granted by law arising out of the exercise of required mandatory military leave.

Sick Leave Donation Program

An employee who has exhausted all entitlement to paid leave may be eligible for leave donations. The employee must fill out and return the Request for Sick Leave Donation Form to H.R. The District shall determine if the employee qualifies for such leave donations based on information provided to the District. Employees may then donate eligible sick leave credits to an employee who qualifies under the classified and certificated bargaining unit agreements for sick leave donation.

Disability Insurance

Roseville Joint Union High School District employees DO NOT pay into state disability. If you have elected to pay into a private disability fund, please contact our payroll department.