



LOS ANGELES UNIFIED SCHOOL DISTRICT
Family and Medical Leave Act/California Family Rights Act
Food Services Division

FMLA – 1a

DATE: _____

TO: _____ **EMPLOYEE #:** _____
Employee's Name

FROM: _____
Manager or Supervisor's Name and Location Name

**SUBJECT: FAMILY AND MEDICAL LEAVE ACT/CALIFORNIA FAMILY RIGHTS ACT
(FMLA/CFRA) - NOTICE OF ELIGIBILITY AND EMPLOYEE RIGHTS &
RESPONSIBILITIES**

PART A – NOTICE OF ELIGIBILITY

You have notified the District of your need for absence or leave from work. In addition to the leave policies set forth in any applicable collective bargaining agreement, your absence also appears to qualify for protection under the federal Family and Medical Leave Act ("FMLA") and/or the California Family Rights Act ("CFRA").

To be eligible for an FMLA/CFRA protected leave, an employee must have worked for LAUSD for at least 12 months at any time and have worked at least 130 workdays (or 1,250 hours for employees in Units A and E) in the twelve (12) months preceding the leave.

You meet the eligibility requirements for taking an FMLA/CFRA protected leave and still have FMLA/CFRA leave available in the applicable 12-month period.

PART B – RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA/CFRA LEAVE

For us to determine whether your absence qualifies as FMLA/CFRA leave, you must return the following information to your worksite within fifteen (15) calendar days of receiving this notice.

If required information is not provided in a timely manner, your leave may be denied.

If you have any questions, contact your manager, supervisor or Food Services at FoodServicesFMLA@lausd.net or 213-241-5152.

For general FMLA/CFRA questions, contact the LAUSD FMLA Programs Section at 213-241-3954.

*Food Services Division website: <http://cafe-la.lausd.net>
FMLA/CFRA Inquiries: Email - FoodServicesFMLA@lausd.net; Telephone - 213.241.5152
Food Services FMLA | 333 South Beaudry Avenue, 28th Floor | Los Angeles, CA 90017*

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Required information:

_____ Sufficient certification to support your request for FMLA/CFRA leave. A certification for *that sets forth the information necessary to support your request is enclosed.*

_____ Sufficient documentation to establish the required relationship between you and your family member.

_____ Other information needed: _____

Employee Responsibilities

If your leave qualifies as an FMLA/CFRA protected leave, you will have the following **responsibilities** while on FMLA/CFRA Leave:

If your FMLA/CFRA absence is for your own serious illness, District Policy requires you to use your available paid illness time. You may use any vacation time you have available should you go into half pay illness. This means that you will receive your paid leave and the leave will also be considered protected FMLA/CFRA leave and counted against your FMLA/CFRA leave entitlement.

If your FMLA/CFRA absence is to care for a family member, you will be required to use your available paid vacation time. You may use any Personal Necessity and/or Kin Care time you have available. This means that you will receive your paid leave and the leave will also be considered protected FMLA/CFRA leave and counted against your FMLA/CFRA leave entitlement.

If the circumstances of your leave changes, and you are able to return to work earlier than the date initially identified, you will be required to notify your immediate supervisor prior to the date you intend to report for work. See your Collective Bargaining Agreement for notification requirements.

Employee Rights

If your leave qualifies as FMLA/CFRA protected, you will have the following **rights** while on FMLA/CFRA leave:

- You have a right under FMLA/CFRA for up to twelve (12) weeks of unpaid leave in a 12-month period calculated as the 12-month period measured forward from the date of your first FMLA/CFRA leave usage.

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- You have a right under FMLA for up to twenty-six (26) weeks of unpaid leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. This single 12-month period is measured forward from the date of your first absence to care for a covered servicemember.
- Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.
- You must generally be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA/CFRA-protected leave. However, a layoff that would have led to termination of your employment if you had not taken an FMLA/CFRA protected leave will still lead to termination of your employment. (If your leave extends beyond the end of your FMLA/CFRA entitlement, you do not have return rights under FMLA/CFRA. However, you may have rights under your Collective Bargaining Agreement.)
- If you do not return to work following an FMLA/CFRA protected leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to an FMLA/CFRA protected leave; 2) the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to an FMLA/CFRA protected leave; or 3) other circumstances beyond your control, you may be required to reimburse the District for its share of health insurance premiums paid on your behalf during your FMLA/CFRA protected leave.
- If you do not meet the requirements for taking a paid leave, you may take an unpaid FMLA/CFRA protected leave.
- For a copy of conditions applicable to illness/vacation leave usage, please refer to your Collective Bargaining Agreement.
- Applicable conditions for use of paid leave:

Once we obtain the information from you as specified above, we will inform you, within five (5) business days, whether your leave will be designated as an FMLA/CFRA protected leave and count towards your FMLA/CFRA leave entitlement. If you have any questions, contact your supervisor.