

INTER-OFFICE CORRESPONDENCE
Los Angeles Unified School District

TO: Director _____ **Date** _____
Certificated Placement and Assignments

FROM: _____

SUBJECT: REQUEST FOR EXTENDED ILLNESS BENEFIT – 10/90 APPLICATION

I am requesting the Extended Illness Benefit (10/90) under Article XII, Section 12.4 of the District/UTLA Agreement (see reverse side).

NAME _____ PERS ID/EMP. NO. _____
(Print) LAST FIRST

SCHOOL/OFFICE _____ LOCAL DISTRICT _____

CURRENT STATUS: PROBATIONARY PERMANENT

HOME ADDRESS _____ ZIP CODE _____

CITY _____ TELEPHONE _____

I AM REQUESTING THE 10/90 ILLNESS BENEFIT FOR THE SCHOOL YEAR _____.

I AM CURRENTLY ON AN APPROVED ILLNESS LEAVE: BEGINNING DATE _____

ENDING DATE _____. I PLAN TO REQUEST AN EXTENSION: YES NO

I UNDERSTAND THAT ONCE MY REQUEST FOR THE 10/90 ILLNESS BENEFIT IS SUBMITTED, THE PAYROLL SERVICES BRANCH MUST VERIFY MY ELIGIBILITY. THIS PROCESS TAKES APROXIMATELY FOUR WEEKS. THEREAFTER, I WILL BE NOTIFIED BY MAIL OF MY ELIGIBILITY BY YOUR OFFICE. COPIES OF THE LETTER WILL ALSO BE MAILED TO MY SCHOOL OR OFFICE LOCATION FOR FOR PAYROLL TIME REPORTING PURPOSES, HEALTH INSURANCE SECTION FOR CONTINUANCE OF MY HEALTH INSURANCE, AND TO THE OFFICE OF RISK MANAGEMENT & INSURANCE SERVICES.

I FURTHER UNDERSTAND THAT THERE WIL BE A DELAY IN MY RECEIVING THIS BENEFIT FOR THE SCHOOL YEAR I HAVE REQUESTED IF I DO NOT HAVE AN APPROVED "ILLNESS" LEAVE ON FILE BEGINNING JULY 1, OR AFTER OF THAT YEAR.

SIGNED _____ DATE _____

MAIL THIS REQUEST TO: Director
Certificated Placement and Assignments Section
Beaudry Building, 15th Floor
P.O. Box 3307
Los Angeles, Ca 90051



Article XII – Leaves

10/90 ILLNESS BENEFIT

- 12.4 An exception to the “active employee” requirement of Sections 12.2 and 12.3 will be made upon request once in each employee’s career to permit qualification for the annual full and half-pay illness absence hours, even though the employee is unable to report to work at the commencement of the employee’s annual assignment basis due to illness, provided the following conditions are met:
- a. The employee holds probationary or permanent status.
 - b. The employee did not carry over any full pay illness hours from the previous year.
 - c. The employee has on file an illness leave request satisfying the requirements of Sections 12.8 and 12.9.
- 12.5 If an employee is paid for more than the illness absences to which entitled, or terminates employment prior to accruing leave taken in advance, the employee shall be required to refund to the District the salary to which not entitled. This requirement shall be waived in the event of the employee’s death or physical or mental disability.
- 12.6 Unused full-pay illness absence credit shall be cumulative from year to year without limitation. Half-pay illness credit shall not be cumulative from year to year.
- 12.7 When an employee is absent under this section and such absence is properly verified, the employee will receive full normal pay up to the total of the employee’s full-pay illness benefits. Full-pay illness benefits shall be used before available half-pay benefits may be used. Additional days of illness absence will be at half pay up to the absence, unless the employee requests use of any accrued vacation. The amount of illness absence taken in any pay period shall not be in excess of the illness absence accumulated by the close of the pay period immediately preceding the illness absence, except as provided in paragraph 12.3 Pay for absence shall not be made in increments of less than .3 hours (18 minutes).
- 12.8 An employee who is absent shall be required to certify the reason for absence. Also, the District shall have the authority to use whatever means are reasonably necessary to verify any claimed illness, injury, or disability under this section before authorizing any compensation.
- 12.9 An employee absent from duty for any illness, injury, or other disability for more than 5 consecutive days shall be required to submit either the Certification of Illness or Injury Card (Form 60.82) completed by the attending physician or a statement from the attending physician on letterhead attached to Form 60.82. Form 60.82 shall be signed by the employee. An employee absent for more than 20 consecutive working days shall be required to submit a formal leave request and an “Attending Physician Statement” form.