

SAN DIEGO CITY SCHOOLS

Date: January 19, 2006

To: School Principals, Division and Department Heads, Child Development Center Administrators, and San Diego Education Association Representatives

Subject: LEAVE OF ABSENCE APPLICATIONS – 2006-2007 SCHOOL YEAR

Department and/or Persons Concerned: Interested Unit Members

Due Date: March 1, 2006, For Planned Leaves of Absence (Category I and III)

Reference: 2003-2006 Collective Negotiations Contract between San Diego Unified School District and San Diego Education Association, Article 10.

Action Requested: Disseminate information regarding the Leave of Absence Program; interested unit members submit form as described below.

Brief Explanation:

In accordance with Article 10 of the Collective Negotiations Contract between San Diego Unified School District and the San Diego Education Association, eligible unit members may submit their request for a planned long-term (unpaid) leave of absence (attachment 1) for the following school year. Such a request must be received in the Human Resource Services Division by March 1, 2006, for a leave to be effective for the subsequent school year.

CATEGORY I LEAVE (Article 10, Section 10.7)

Category I leaves are planned leaves granted to permanent unit members for a period of up to one academic school year, and such leaves may be extended year-to-year for a total period not exceeding three full academic school years within a ten-year period. Category I long-term leaves of absence may be granted for any of the following reasons:

Professional Study - Must provide a written outline stating educational plan, institution to be attended, the need for the educational study, and the potential value to the district upon completion of such study.

Travel - Travel for educational purposes; statement of potential value to the district upon return.

Opportunity Leave - For the purpose of improving job-related skills and knowledge that will directly benefit the district and the instructional program.

Service to Other Public Agencies - Serve another public agency in a capacity which the superintendent determines will benefit the district and the unit member, including elected, full-time public service.

Service to Professional Associations - Serve a local, state, or national professional organization in an elected or a staff capacity.

Other Leaves Determined by the Superintendent –The Superintendent may, in unusual cases, recommend the approval of other long-term, unpaid leaves of absence to permanent unit members for purposes that will benefit the district and serve the best interest of the pupils.

CATEGORY III LEAVE (Article 10, Section 10. 9)

Category III leave may be granted for an Unrestricted or a Military reason. Unrestricted leave, without pay, is limited to permanent unit members for one academic school year, and is not renewable.

Military leave requires the receipt of proper orders for the unit member and is under the provisions of the state law for the period of time he or she is required to serve.

RETURN TO PREVIOUS SITE OR PROGRAM

For a leave of absence involving up to one academic school year, a unit member, upon request (prior to beginning the leave), has the right of return to the previous site or program. Assurance of site or program return cannot be given if the leave extends beyond the one academic school year.

HEALTH BENEFITS COVERAGE

A long-term leave of absence is a non-paid status for an academic school year and does not include any paid medical benefits. Staff on unpaid leave of absence may continue their health benefits coverage on a self-pay basis. Information regarding options available for employee benefits is available through the district web site at www.sandi.net, click on Employee Benefits.

APPLICATION PROCEDURE

Complete the long-term leave of absence form (available through the district web site at www.sandi.net, click Employment, click to District Staff and then click Forms). Prior to March 1, 2006, forward the completed leave request form via school mail to: Eugene Brucker Education Center, Room 1241, Attention: Certificated Staffing Administrator.

Ruth G. Peshkoff
Chief Human Resources Officer

APPROVED:



Carl A. Cohn
Superintendent of Schools

RGP:as

Attachment

Distribution: Lists A, C, D, E, F, O and S

LONG-TERM LEAVE OF ABSENCE REQUEST (UNPAID)

INSTRUCTIONS: Please prepare one copy and submit through your principal/supervisor to the Human Resource Services Division. Employees requesting an unpaid long-term leave of absence should refer to the Collective Negotiations Contract (CNC) for terms governing availability, eligibility, and permissible lengths for each type of leave. (See reverse)

CERTIFICATED: Refer to Article 10 of Collective Negotiations Contract (CNC).

CLASSIFIED: Refer to Article 12 of Collective Negotiations Contract (CNC).

CERTIFICATED MANAGERS: Long-term leaves will be reviewed on a case-by-case basis for approval.

TO BE COMPLETED BY EMPLOYEE (I certify under penalty of perjury that the foregoing, including all attachments, is true and correct.)

Employee Name (last, first, middle)		Employee ID#	<input type="checkbox"/> Certificated	<input type="checkbox"/> Classified
Location Number	School or Department	Subject, Grade or Position Assigned		
Permanent Address While on Leave (No. and Street)		City	State	Zip Code
Employee Signature	Date Submitted / /	Home Telephone () -	E-mail Address	

CHOOSE ONE LEAVE CATEGORY

FAMILY MEDICAL CARE LEAVE If requesting Family Medical Care Leave, refer to eligibility requirements on back. Verifications are required.	ADDITIONAL TYPES OF LEAVES
FMLA PURPOSE <input type="checkbox"/> Care of child after birth <input type="checkbox"/> Adoption/Foster Care <input type="checkbox"/> Unit Member's Own Serious Health Condition (Doctor's verification required) <input type="checkbox"/> Serious Health Condition of Family Member (Doctor's verification required)	<input type="checkbox"/> Parental: Must provide verification of pregnancy, child's birthdate, custody or adoption requirements, or medical statements as appropriate. <input type="checkbox"/> Home Responsibility: To care for a member of his/her immediate family. <input type="checkbox"/> Health Leave: Requires doctor's statement. Please attach documents. <input type="checkbox"/> Professional Study: Outline in writing the plan that is to be followed and the institution to be attended. <input type="checkbox"/> Travel: Permanent unit members may apply for this leave for educational purposes. <input type="checkbox"/> Opportunity: This leave will not be granted to accept other employment. <input type="checkbox"/> Military: Requires copy of military orders. Please attach documents. <input type="checkbox"/> Service to other Public Agencies: Request will be reviewed on a case-by-case basis. <input type="checkbox"/> Other: Refer to CNC - Leave Policies
PERIOD OF LEAVE REQUEST FROM: _____ TO: _____ Month/Day/Year Month/Day/Year	

EXPLANATION. (Attach additional page, if necessary.)

****TO BE COMPLETED BY CERTIFICATED MANAGEMENT EMPLOYEE ONLY:** I understand that at the conclusion of my leave of absence, it is possible that I may not be returned to a position comparable to my current assignment and, furthermore, that I may be assigned to a non-management position, within my teaching credential(s), and consistent with tenure rights afforded me by the Education Code. (An exception to this provision is when a Family and Medical Care Leave is being requested.)

Certificated Management Employee Signature	Date Submitted / /
--	-----------------------

I recommend approval of leave: _____	_____
I recommend denial of leave: _____	Principal/Supervisor Signature Date

HUMAN RESOURCE SERVICES DIVISION (HRSD) FOR FINAL APPROVAL

<input type="radio"/> Approve <input type="radio"/> Deny	Comments	Signature of HRSD Administrator	Date
---	----------	---------------------------------	------

RETURN THIS FORM FOR FINAL APPROVAL TO:
Human Resource Services Division, Room 1241

INFORMATION REGARDING LEAVE REQUIREMENTS

Employees requesting an unpaid long-term leave of absence should refer to the appropriate collective bargaining contract for more detailed information regarding types of leaves available, eligibility and permissible lengths.

- **Certificated:**
 - ◆ Teacher Bargaining Unit Contract – Article 10
- **Classified:**
 - ◆ Office-Technical and Business Services Bargaining Unit Contract – Article 12
 - ◆ Operations-Support Services Bargaining Unit Contract – Article 12
 - ◆ Paraeducator Bargaining Unit Contract – Article 12
 - ◆ School Police Services Unit Contract – Article 12
- **Managers, supervisors and confidential employees** should refer to the **San Diego School District Administrative Procedure 7430** for a more detailed explanation of eligibility requirements and permissible length of leaves.

If you need further assistance, please e-mail or call the following:

- **Classified:**

Donis Armenta / Gloria Rangel	grangel@sandi.net	(619) 725-8172
-------------------------------	--	----------------
- **Certificated:**

<u>Elementary Staffing:</u>		
Tim Asfazadour	acato@sandi.net	(619) 725-8032
Mary Beth Gallagher	acato@sandi.net	(619) 725-8032
<u>Secondary Staffing:</u>		
Sandra Huevo	acato@sandi.net	(619) 725-8032
Cathy Evans	acato@sandi.net	(619) 725-8032
<u>Special Education Staffing:</u>		
Steve Gennaro	acato@sandi.net	(619) 725-8032

Additional information can be found on the district website at www.sandi.net/employment.

ELIGIBILITY REQUIREMENTS FOR FAMILY AND MEDICAL CARE LEAVE

A Family and Medical Care Leave (FMCL) shall be granted to an employee for certain family and medical reasons. FMCL provides up to 12 workweeks within a twelve- (12-) month period of **unpaid** leave and entitles you to **paid** benefits. Employees are eligible if they have worked for San Diego City Schools for at least one continuous year, and provided at least 1,250 hours of service are during the previous twelve months. Full-time certificated unit members are deemed to meet the 1,250-hour requirement and will be granted a FMCL if they have served at least one year in a full-time capacity.

For the purposes of Family and Medical Care Leave ONLY, the following definitions shall apply:

1. **Child** means a biological, adopted or foster child, a stepchild, a legal ward, or a child of a unit member standing in loco parentis who is either under eighteen (18) years of age or is an adult dependent child.
2. **Parent** means a biological, foster, or adoptive parent, a stepparent, a legal guardian, or other person who stood in loco parentis to the unit member when the unit member was a child.
3. **Spouse** means the legal husband or wife, or domestic partner, of a unit member.
4. **Serious Health Condition** means an illness, injury, impairment, or physical or mental condition that involves either inpatient care in a hospital, hospice or residential health care facility, or continuing treatment or supervision by a health care provider.
5. **Health Care Provider** means a doctor of medicine or osteopathy who is authorized to practice medicine or surgery (as appropriate) by the state in which he/she practices, or any other person determined by the United States Secretary of Labor to be capable of providing health care services.

HEALTH BENEFITS (MEDICAL, DENTAL, VISION): The district will continue to provide district-paid health benefits during Family Care Leave. Employees will be responsible for paying employees contributions (if any). Employees must contact the district's benefits office to make arrangements for paying employees contributions. (619) 725-8130, Option 6