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REQUEST FOR ABSENCE DUE TO ADOPTION/FOSTER CARE PLACEMENT CERTIFICATED EMPLOYEES

Effective January 2016

(Please complete all sections and submit to your supervisor or manager for notification.)

Employees may not provide substitute service while on a paid child bonding leave.

Adoption Leave is available to certificated employees under the TALB contract for up to 6 weeks during which the employee may receive accumulated full-pay sick leave and statutory (half-pay) leave. This provision does not apply to placement of a child for foster care.

For certificated employees who are eligible for California Family Rights Act (CFRA) or Family Medical Leave Act (FMLA) "Bonding" leave, a maximum of 12 work weeks is available for adoption or foster care placement. If both parents are District employees, a total of 12 work weeks may be shared between them. For *adoption only*, the initial 6 weeks of the 12-week leave is compensated at full-pay sick leave to the extent the employee has sick leave available. The remaining leave (and the entire leave in the case of foster care placement) is paid at the statutory leave (half pay) rate to CFRA-eligible certificated employees, for up to 12 weeks total leave. This 12-week leave counts as FMLA/CFRA "bonding" time and as leave under Education Code § 44977.5. The maximum leave available in a 12-month period is 12 weeks. To determine CFRA eligibility, contact Human Resource Services.

If the employee elects to remain on leave after these available leaves expire, he/she should apply for unpaid Child Care Leave.

The employee should notify the appropriate manager of the anticipated beginning and ending dates of the absence, when possible, at least 30 days in advance of the adoption or foster care leave.

Last Name, First MI		Employee Number	Job Title
Street Address	<u></u>	City, State ZIP	(Area Code) Phone Number
Assignment Location		Subject/Grade Level	Track
parents are currently employe If yes, indicate the na	d by LBUSD.	Yes 🗖 No	Your leave, please indicate if both Certificated □ Classified
I request my absence for the p	ourpose of adoption/for	ster care from:	to ate Ending Date
-	ork on above-stated dat to work at this time. I		d Care Leave.
Signature of Employee	Date	** Principal/Ma	nger Signature Date

(** For Notification Only)