

HUMAN RESOURCE SERVICES

1515 Hughes Way, Long Beach, CA 90810 (562) 997-8651

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 City, State ZIP (Area Code) Phone Number **Assignment Location** Subject/Grade Level Track All Requests: Please complete this section. To ensure the proper handling of your leave, please indicate if both parents are currently employed by LBUSD. ☐ Yes □ No If yes, indicate the name of the other parent. If yes, indicate the other parent's work classification with LBUSD.

Certificated ☐ Classified I request my absence for the purpose of adoption/foster care from: Beginning Date **Ending Date** Following my adoption leave/foster care leave: ☐ I intend to return to work on above-stated date. I do not plan to return to work at this time. I intend to request unpaid Child Care Leave. (Please complete and submit Request for Leave of Absence (Without Pay) form.) Signature of Employee ** Principal/Manger Signature Date Date

(** For Notification Only)

Certificated: January 2016