



Leave Benefits Available to LACCD Employees from July 11, 2020 through December 31, 2020

The Families First Coronavirus Response Act (FFCRA) provides eligible employees with paid sick leave under the Emergency Paid Sick Leave Act (EPSLA) and expanded family and medical leave under the Emergency Family and Medical Leave Expansion Act (EFMLEA) for specified reasons related to COVID-19. These provisions apply to leaves taken between July 11, 2020 and December 31, 2020.

Paid sick leave and expanded family and medical leave are employer-paid leaves.¹

Employees who are unable to work due to the need to care for their child(ren) because of school closures or unavailability of childcare may be eligible for both paid sick leave and expanded family and medical leave. The first ten (10) days of expanded family and medical leave is unpaid, but eligible employees have the option to apply paid sick leave during the first ten (10) days of expanded family and medical leave.

No documentation is required to be submitted with the request forms.

Paid Sick Leave

- Paid sick leave is provided to eligible full-time employees for up to 10 days (faculty) or 80 hours (all other employees) and to eligible part-time employees up to the number of hours they work on average over a two-week period.
- There is no minimum service requirement for paid sick leave.
- An employee can apply paid sick leave for more than one qualifying reason, but the benefit is limited to 10 days or 80 hours for all qualified reasons combined.

Qualifying Reasons for Paid Sick Leave

Paid sick leave is available to eligible employees if the employee is unable to work or telework because:

- (1) the employee is subject to the California Stay-at-Home Order due to an underlying medical condition or due to being age 65 or older.
- (2) the employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- (3) the employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- (4) the employee is caring for an "individual," who is subject to the California Stay-at-Home Order or has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

¹ Faculty: please contact your SPOC regarding any questions related to hard to convert classes and the MOU in place for your collective bargaining unit.

“Individual” means an employee’s immediate family member, a person who regularly resides in the employee’s home, or a similar person with whom the employee has a relationship that creates an expectation that the employee would care for the person if he or she were quarantined or self-quarantined.

- (5) the employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the child care provider of such son or daughter is unavailable, due to COVID-19 precautions.

“Son or Daughter” means a biological, adopted, or foster child, a stepchild, a legal ward or a child of a person standing in loco parentis, who is under 18 years of age; or 18 years of age or older who is incapable of self-care because of a mental or physical disability.

Compensation for Paid Sick Leave

Qualifying Reasons # 1-3:

Employees will be compensated at their full regular rate of pay subject to a limit of \$511 per day and \$5,110 in the aggregate. Employees whose daily full regular rate of pay exceeds the limit set by the FFCRA have the option to use their own illness days and/or vacation days (if applicable) to supplement their compensation received while on paid sick leave up to their full regular rate of pay.

Qualifying Reasons #4-5:

Employees will be compensated at two-thirds (2/3) of their regular rate of pay subject to a limit of \$200 per day and \$10,000 in the aggregate. Employees have the option to use their own illness days and/or vacation days (if applicable) to supplement their compensation received while on paid sick leave and/or expanded family and medical leave up to their full regular rate of pay.



Leave Benefits Available to LACCD Employees from July 11, 2020 through December 31, 2020

Expanded Family and Medical Leave

Employees are entitled to up to 12 weeks of expanded family and medical leave if the employee satisfies the following requirements:

- 1) The employee has worked for the District for at least 30 calendar days by the start of the leave
- 2) The employee is unable to work (or telework) due to a need to care for the son or daughter whose school or place of care has been closed, or whose child care provider is unavailable due to a COVID-19 emergency declared by either a Federal, State, or local authority
- 3) The employee has not used all available FMLA leave for other reasons earlier in the calendar year. Expanded family and medical leave is a form of FMLA leave, and is not in addition to any other FMLA leave; and
- 4) There is no other suitable person available to care for the employee's son or daughter during the period for which the employee takes expanded family and medical leave

Compensation

- The first ten (10) days of expanded family and medical leave is unpaid leave. During this period, the employee may elect to use paid sick leave if the employee has not exhausted such leave for another qualifying reason.
- If the employee has exhausted paid sick leave for another reason, an employee may use any available illness days and/ or vacation days (if applicable) for compensation during the first ten (10) days of expanded family and medical leave.
- After the tenth day, and for the remaining ten (10) weeks of expanded family and medical leave, an employee is entitled to employer-paid compensation for such leave at two-thirds (2/3) of the employee's regular rate of pay, subject to a cap of \$200 per day and \$10,000 in the aggregate.
- During this period, employees may supplement the compensation they receive under expanded family and medical leave with their available illness days and/or vacation days (if applicable) in order to be compensated up to their full rate of pay.



LACCD Request for Expanded Family and Medical Leave and/or Paid Sick Leave

Complete this form if you are expanded family and medical leave and/or paid sick leave

Employee

LAST NAME

FIRST NAME

Employee ID Number

Date of Request

I am requesting (check one or both):

Expanded Family and Medical Leave

Paid Sick Leave

If approved for expanded family and medical leave, the first ten (10) days of this leave are unpaid but you have the option to use paid sick leave during those ten (10) days. You also have the option to use any available accrued illness days and/or vacation days (if applicable) for the first ten (10) days instead of paid sick leave.

If you are requesting expanded family and medical leave and want to use paid sick leave for the first ten (10) days, check both options above and complete both sections of this form.

If you are requesting expanded family and medical leave and want to use your illness days or vacation days (if applicable) instead of paid sick leave, complete Section One of this form only.

SECTION ONE: REQUEST FOR EXPANDED FAMILY AND MEDICAL LEAVE

Skip this section and go to Section Two if not requesting expanded family and medical leave.

I am requesting expanded family and medical leave for the following reason (check one):

I am unable to work (including telework) due to a need for leave to care for my son or daughter under 18 years of age because my son or daughter’s school or place of care has been closed due to a public health emergency and because no suitable person is available to care for my son or daughter during the period of such leave.

I am unable to work (including telework) due to a need for leave to care for my son or daughter under 18 years of age because the child care provider of my son or daughter is unavailable due to a public health emergency and because no suitable person is available to care for my son or daughter during the period of such leave.

“Son or Daughter” means a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing *in loco parentis*, who is under 18 years of age; or 18 years of age or older who is incapable of self-care because of a mental or physical disability.

The name of my son or daughter who I am caring for is:

The name of my son or daughter’s school, place of care, or child care provider that is closed or unavailable is:

I am requesting expanded family and medical leave to begin on _____, 2020.
month day

I expect to be on expanded and family medical leave until _____, 2020.
month day

Note: A specific estimated end date is required. Responses such as “unknown” or “indefinite” are not acceptable and will result in the form being returned to the employee. Requests can be made to extend leaves or amend the end date to an earlier date.

Employee's initials required for the three (3) sections below:

_____ I hereby represent that there is no other suitable person to care for my son or daughter during the period in which I am requesting expanded family and medical leave.

_____ I acknowledge that I may be denied expanded family and medical leave or may be not granted the entirety of expanded family and medical leave requested if I have already previously used all or a portion of FMLA leave within the calendar year for which I am requesting expanded family and medical leave.

_____ I acknowledge that if approved for expanded family and medical leave that the first ten (10) days of expanded family and medical leave are unpaid but that I have the option to substitute my pay during those ten (10) days with paid sick leave or any available illness days and/or vacation days (if applicable).

If requesting to use your own quota instead of paid sick leave, indicate which quota you choose to use

In making this request for expanded family and medical leave and/or paid sick leave and affixing my signatures to this form, I am certifying that the above information is true and correct.

Employee Signature

SECTION TWO: REQUEST FOR PAID SICK LEAVE

I am requesting paid sick leave to begin on _____, _____, 2020
month day

I expect to use paid sick leave until _____, _____, 2020
month day

I am requesting paid sick leave because I am unable to work or telework because of the following reason:

I am subject to the California Stay-at-Home Order due to being age 65 or older.

I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

The name of the health care provider who has advised me to self-quarantine due to concerns related to COVID-19 is

_____ (print full name)

I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.

District-paid compensation for the three leave reasons above is limited to a cap of \$511 per day and \$5,110 in the aggregate.

My daily full regular rate of pay exceeds \$511 and I elect to use my own illness days and/or vacation days (if applicable) to increase my compensation up to my full regular rate of pay if my quota balance is sufficient.

Indicate the type of quota you elect to use on the line below. If a combination of quota is to be used, indicate the order in which you choose for the quota to be deducted.

I am caring for an individual who is subject to the California Stay-at-Home Order or who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

The name of the health care provider who has advised the individual for whom I am caring to self-quarantine is

(print full name)

“Individual” for the purpose of Emergency Paid Sick Leave means an employee’s immediate family member, a person who regularly resides in the employee’s home, or a similar person with whom the employee has a relationship that creates an expectation that the employee would care for the person if he or she were quarantined or self-quarantined.

I am caring for a son or daughter whose school or place of care has been closed, or whose child care provider is unavailable, due to COVID-19 precautions.

“Son or Daughter” means a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing *in loco parentis*, who is under 18 years of age; or 18 years of age or older who is incapable of self-care because of a mental or physical disability.

The name of my son or daughter for whom I am caring is

(print full name)

The name of my son or daughter’s school, place of care, or child care provider that is closed or unavailable is

District-paid compensation for the two leave reasons above is limited to 2/3 of the regular rate of pay up to a limit of \$200 per day and \$10,000 in the aggregate.

I elect to use my own illness days and/or vacation days (if applicable) to increase my compensation up to my full regular rate of pay if my quota balance is sufficient.

Indicate the type of quota you elect to use on the line below. If a combination of quota is to be used, indicate the order in which you choose for the quota to be deducted.

In making this request for paid sick leave and affixing my signature to this form, I am certifying that the above information is true and correct.

Employee Signature

Form Submittal Process:

1. The completed FFCRA request form (pages 4-9) is to be submitted to the location Personnel Office contact(s) listed on page 13 of this packet. Forms can be submitted via email, U.S. mail, or district courier. Pictures of the forms are acceptable if the text in the picture is clear.
2. No documentation is required to be submitted with the form.
3. The location Personnel Office will forward the forms to the District Payroll Division for processing. The location Personnel Office will provide a copy of the request form to the direct supervisor.

Incomplete forms will be returned to the employee so please ensure completeness of the forms prior to submittal to prevent delays in processing.



Leave Extension after the Exhaustion of Paid Sick Leave and/or Expanded Family Medical Leave

Employees who need to extend their leaves past the 10 days or 80 hours of paid sick leave or past the period of expanded family and medical leave available to the employee (up to 12 weeks if no other FMLA leave has been taken this calendar year) are required to submit a request form to extend the leave. The request form begins on the next page.

Compensation for the leave will be generated by the use of the employees' own illness days and/or vacation days (if applicable). Employees also have the option to request an unpaid leave. Employees are eligible to receive up to the full rate of pay for all qualified reasons under FFCRA if employees have sufficient quota.

Employees who currently receive district-paid health benefits will continue to be covered as if they were not on leave, even if they elect to be on an unpaid leave.

The district understands that due to the current situation, an exact end date of the leave may not be known. Employees are requested to estimate the end date of the leave on the leave request form. Another leave request form may be submitted to extend the leave past the original estimated end date. The initial request form may also be amended to request an earlier end date if the leave ends earlier than expected.

In the situation where an employee wants to change the type of quota to be used when full-pay illness days are refreshed on July 1, 2020, the employee can submit an initial request with a June 30, 2020 end date and then submit a new request for a July 1, 2020 start date.

Leave requests may not extend past December 31, 2020.



LACCD Request to Extend Leave due to Exhaustion of Emergency Paid Sick Leave or Emergency FMLA Leave

Complete this form if you are requesting to extend leave after exhaustion of paid sick leave and/or expanded family and medical leave.

Employee _____
LAST NAME FIRST NAME

Employee ID Number _____

Date of Request _____

Indicate the reason for requesting an extension of your leave by checking the appropriate box below:

I am subject to the California Stay-at-Home Order due to being age 65 or older.

I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.

I am caring for an individual who is subject to the California Stay-at-Home Order or who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

I am caring for a son or daughter whose school or place of care has been closed, or whose child care provider is unavailable, due to COVID-19 precautions.

I am requesting leave from _____, 2020 to _____, 2020.
month day month day

Note: A specific estimated end date is required. Responses such as “unknown” or “indefinite” are not acceptable and will result in the form being returned to the employee.

Quota Usage

If electing a paid leave, indicate which type of quota you choose to use

Illness days

Vacation days (if applicable)

Provide instructions on the line below if you choose to use a combination of quota types. Include specific dates for each quota to be applied.

Mark this box if you are electing to take an unpaid leave.

In making this request to extend my leave and affixing my signature to this form, I am certifying that the above information is true and correct.

Employee Signature

Form Submittal Process:

1. The completed form is to be submitted to the location Personnel Office contact(s) listed on page 13 of this packet. Forms can be submitted via email, U.S. mail, or district courier. Pictures of the forms are acceptable if the text in the picture is clear.
2. No documentation is required to be submitted with the form.
3. The location Personnel Office will forward the forms to the District Payroll Division for processing. The location Personnel Office will provide a copy of the request form to the direct supervisor.

Incomplete forms will be returned to the employee so please ensure completeness of the forms prior to submittal to prevent delays in processing.



Personnel Office Contacts

Completed request forms should be submitted to the contact(s) listed below for your location.

Also, questions regarding the leaves or forms should be submitted to the contact(s) listed below for your location.

Location	Contacts
Los Angeles City College 855 N. Vermont Avenue Los Angeles, CA 90029	Anait Boyadzhyan: Boyadza@laccd.edu
Educational Services Center (District Office) 770 Wilshire Boulevard Los Angeles, CA 90017	Allison Bainlardi: bainlaal@email.laccd.edu Cheryl Stephens: stephecc@email.laccd.edu
East Los Angeles College 1301 Avenida Cesar Chavez Monterey Park, CA 91754	Norman Cheung: cheungng@elac.edu Maria Estrada: estradmc@elac.edu
Los Angeles Harbor College 1111 Figueroa Place Wilmington, CA 90744	Arif Ahmed: ahmedau@lahc.edu Gina Peng: Penghw@lahc.edu
Los Angeles Mission College 13356 Eldridge Avenue Sylmar, CA 91342	Ronn Gluck: gluckrh@lamission.edu
Pierce College 6201 Winnetka Avenue Woodland Hills, CA 91371	Mofe Doyle: doylem@piercedcollege.edu Elsa McDonald: mcdonaem@piercedcollege.edu Mariam Mutafyan: mutafym@piercedcollege.edu
Los Angeles Southwest College 1600 West Imperial Highway Los Angeles, CA 90047	Edward Francis: francies@lasc.edu
Los Angeles Trade-Technical College 400 W. Washington Blvd. Los Angeles, CA 90015	Claudia Mata: matac@lattc.edu
Los Angeles Valley College 5800 Fulton Avenue Valley Glen, CA 91401	Tom Aduwo: aduwotm@lavc.edu Yasmin Aviles: avilesye@lavc.edu
West Los Angeles College 9000 Overland Avenue Culver City, CA 90230	Hansel Tsai: tsaih@laccd.edu Luiza Petrosyan: petrosl@wlac.edu