

ABSENCE CERTIFICATE

Yes No

Immediately upon returning to work, you must complete and submit this form to your supervisor to forward to the Human Resources Department. (Please see reverse side for detailed instructions on completing this form.) An authorized employee may need to complete this for you if the form is not received timely. [USE ONLY ONE CERTIFICATE PER REASON] 120715rp

Employee Information

Today's Date: / / Employee ID Number: FTE: .

Last Name: (Please Print Legal Name) First Name: (Please Print Legal Name) MI:

Employee Status: Probationary Permanent Temporary Substitute

Bargaining Unit: BCCE: 12 mo 10/11 mo Local 21: 12mo 10/11 mo BFT UBA None

Work Location: _____

Dates of Absence

First Date of Absence: / /

Last Date of Absence: / /

Number of Full Days Absent: **
and/or (for partial day absences)

Number of Hours and/or Minutes Absent: Hours Minutes

Leave balance available online via employee self-serve

FOR DISTRICT OFFICE USE ONLY

FTE Conversion Rate: _____

Pay Deduction: Yes No

FTE Deducted: _____

Month of Deduction: _____ Initials: _____

Written notification sent to employee on: _____

Note: _____

Absence Reason (USE ONE CERTIFICATE PER REASON)

| Classified Employees | Certificated Employees | Certificated Adult Education & Independent Study Employees | *If you marked <i>Personal Necessity</i> (or <i>Personal Leave</i> for BFT) for your absence, indicate the reason: _____ **For any <i>Sick Leave</i> of 5 or more consecutive days, you are required to attach a doctor's note. <input type="checkbox"/> Doctor's note attached |
|--|---|--|--|
| <input type="radio"/> Personal Illness <input type="radio"/> Personal Leave <input type="radio"/> Personal Necessity* <input type="radio"/> Jury Duty‡ <input type="radio"/> Bereavement‡‡ <input type="radio"/> Industrial Illness*** ***DOI: _____ <input type="radio"/> Vacation | <input type="radio"/> Personal Illness <input type="radio"/> Personal Leave* <input type="radio"/> Personal Necessity*(non-BFT) <input type="radio"/> Jury Duty‡ <input type="radio"/> Bereavement‡‡ <input type="radio"/> Industrial Illness*** ***DOI: _____ <input type="radio"/> Non-duty Day(s) | <input type="radio"/> Personal Illness <input type="radio"/> Personal Leave* <input type="radio"/> Jury Duty‡ <input type="radio"/> Bereavement‡‡ <input type="radio"/> Industrial Illness*** ***DOI: _____ | |

Prior HR Approval Required for the Following:

| | | | |
|---|--|---|--|
| <input type="radio"/> Union <input type="radio"/> Military <input type="radio"/> Extended Illness <input type="radio"/> Maternity/Paternity <input type="radio"/> FMLA/CFRA <input type="radio"/> Unpaid <input type="radio"/> Other: _____ | <input type="radio"/> Union <input type="radio"/> Military <input type="radio"/> Extended Illness <input type="radio"/> Child Rearing/Parental <input type="radio"/> FMLA/CFRA <input type="radio"/> Unpaid <input type="radio"/> Other: _____ | <input type="radio"/> Union <input type="radio"/> Military <input type="radio"/> FMLA/CFRA <input type="radio"/> Childrearing/Parental <input type="radio"/> Other: _____ | ‡If you marked <i>Jury Duty</i> , attach your jury summons to this absence certificate. <input type="checkbox"/> Jury summons attached ‡‡If you marked <i>Bereavement</i> , for your absence, indicate your relationship to the deceased: _____ |
|---|--|---|--|

Hourly Employees Not Covered for Leave Under Existing Collective Bargaining Agreements

Personal or Family Illness Medical Leave Victim of Domestic/Sexual Assault or Stalking

Signature and Distribution

Employee's Signature: _____ Date: _____

Supervisor's / Authorized Employee's Signature: _____ Date: _____

Routing: Business Services Workers Compensation Department

Revision/Duplicate
 Absence Certificate not completed by employee; copy sent to employee by: _____

Distribution: Employee (Pink) Work Site (Yellow) HR File (White)

INSTRUCTIONS FOR COMPLETING THE ABSENCE CERTIFICATE

Immediately upon returning to work, you must complete and submit this form to your supervisor to forward to the Human Resources Department. An authorized employee may need to complete this for you if the form is not received timely. [USE ONLY ONE CERTIFICATE PER REASON]

Probationary classified employees are restricted to using a maximum of 6 days of sick leave and are not allowed to access vacation leave while on probation.

- AESOP CONFIRMATION: Indicate whether you reported your absence in Aesop.
- TODAY'S DATE: Enter the date the absence report is prepared.
- EMPLOYEE ID NUMBER: Enter your employee ID number as it appears on your paystub.
- LAST NAME: Print your legal last name.
- FIRST NAME: Print your legal first name.
- MI: Print your middle initial, if applicable.
- EMPLOYEE STATUS: Indicate your present employment status with the District.
- BARGAINING UNIT: Indicate the bargaining unit of which you are a member, if applicable.
- WORK LOCATION: Indicate the name of the school or department where you work.
- DOI (Date of Injury): Please indicate the date of your industrial injury if applicable.
- HOURLY EMPLOYEES NOT COVERED BY EXISTING CONTRACTS: Under AB 304, the Healthy Workplaces, Healthy Families Act, leave is available to employees not otherwise covered by a collective bargaining agreement.

For the following, refer to the applicable collective bargaining agreement for information regarding each leave type. This is not an exhaustive list of leaves available to you. You can access the collective bargaining agreements online at: <http://www.berkeleyschools.net/departments/human-resources/union-contracts-and-salary-schedules/>

| CLASSIFIED EMPLOYEES | | | CERTIFICATED EMPLOYEES | | |
|-----------------------------|-----------------|------------------|-------------------------------|---------------|--------------|
| | BCCE | Local 21 | | BFT | UBA |
| SICK LEAVE | Article 11.2 | Article XIV(61) | SICK LEAVE | Article 12.2 | Article 5.4 |
| PERSONAL LEAVE | Article 11.2.8 | Article XV(72) | PERSONAL LEAVE | Article 12.6 | Article 5.9 |
| PERSONAL NECESSITY | Article 11.2.7 | Article XV(66) | PERSONAL NECESSITY | | Article 5.9 |
| EXTENDED SICK LEAVE | Article 11.2.10 | Article XV(70) | EXTENDED SICK LEAVE | Article 12.3 | Article 5.5 |
| JURY DUTY | Article 11.2.5 | Article XV(85) | JURY DUTY | Article 12.7 | Article 5.10 |
| BEREAVEMENT | Article 11.2.4 | Article XV(65) | BEREAVEMENT | Article 12.5 | Article 5.8 |
| UNION LEAVE | Article 11.3.6 | Article XV(91) | UNION LEAVE | Article 12.13 | Article 5.15 |
| MILITARY LEAVE | Article 11.2.6 | Article XV(88) | MILITARY LEAVE | Article 12.9 | Article 5.12 |
| PATERNITY/MATERNITY | Article 11.2.3 | Article XV(67) | PARENTAL LEAVE | | Article 5.13 |
| INDUSTRIAL ILLNESS | Article 11.2.11 | Article XV(73) | CHILD REARING LEAVE | Article 12.4 | |
| VACATION | Article 11.2.9 | Article XIII(54) | | | |
| FMLA/CFRA (Unpaid) | Article 11.3.8 | Article XV(68) | FMLA/CFRA (Unpaid) | Article 12.14 | |
| LEAVE WITHOUT PAY | Article 11.1 | Article XV(92) | LEAVE WITHOUT PAY | Article 12.1 | Article 5.2 |

Medical Leave Eligibility:

If you have a need to be absent from work for one of the following reasons:

- a serious health condition that renders you unable to perform your own job
- a serious health condition of your spouse, parent or someone for whom you have legal custody and who is unable to care for himself/herself
- to care for your child after birth, adoption or foster care

Please contact the **Director of Classified Personnel** if you are a classified employee and the **Director of Personnel Services** if you are a certificated employee. You will be directed to the appropriate staff to make an appointment to discuss your leave options including, but not limited to, unpaid Family and Medical Leave (FMLA) and California Family Rights (CFRA).