Pregnancy Leave Information for Certificated Employees

Procedures:

Notify the Benefits/Risk Management Specialist in Human Resources regarding your due date. Your notification should include the attending physician's statement indicating your probable date of delivery.

After you have submitted your notification, the District will evaluate your eligibility for Family Medical Leave Act (FMLA), California Family Rights Act (CFRA), Pregnancy Disability Leave (PDL). In order to be eligible for FMLA and Child Bonding/CFRA leave you must have been employed with the District for at least 12 months prior to the leave

California law provides that employees are entitled up to four (4) months of paid pregnancy disability leave for the period of time during which the employee is disabled on account of pregnancy, childbirth, or related conditions. Pregnancy disability leave can be taken before and after childbirth, and requires a statement from your attending physician indicating the period you are unable to work. Pregnancy disability leave is coordinated with Family Medical Leave, California Family Rights Act.

Sick Leave

During your pregnancy disability, your available sick leave is used. After you have used all of your sick leave, your pay will be deducted the cost of a substitute during your remaining pregnancy disability leave. Sick leave and substitute differential are not deducted on non-work days.

Options After Pregnancy Disability Leave

After your pregnancy disability leave ends, your options are:

1. Return to work
2. Request a leave of absence (See below)
3. Resign

Leaves of Absence After Pregnancy Disability Leave

- ✓ Balance of Unpaid Family Medical Leave (12 weeks), if applicable
    - o Runs concurrently with PDL
    - o Paid using your sick time. Once sick time is exhausted you're paid at sub-differential rate. (daily rate minus sub rate - $120 up to $160)

- ✓ Child Bonding Leave (FETA Article 4.15) CFRA
    - o Starts after PDL (Doctor has released you to return to work)
    - o Up to 12 work weeks in a 12-month period.
    - o Can be taken all at one time or intermittently (minimum of 2 weeks at a time - FETA Article 4.15).
    - o Paid using your sick time. Once sick time is exhausted you're paid at sub-differential rate. (daily rate minus sub rate - $120 up to $160)

PDL (6-8 weeks)

FMLA (12 weeks)

Child Bonding (12 weeks)
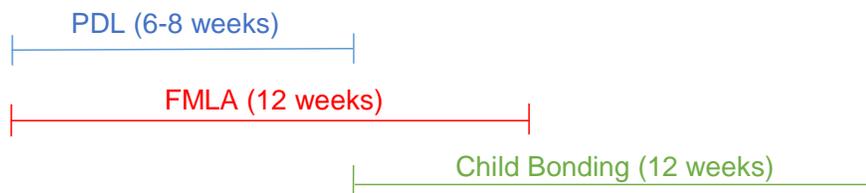
- ✓ Unpaid Child Rearing Leave (FETA Article 4.12)
    - o Unpaid leave
    - o During unpaid leaves employees are not eligible to receive any benefits such as insurance, retirement benefits etc. unless the employee pays the premiums himself/herself as required by the insurance carrier
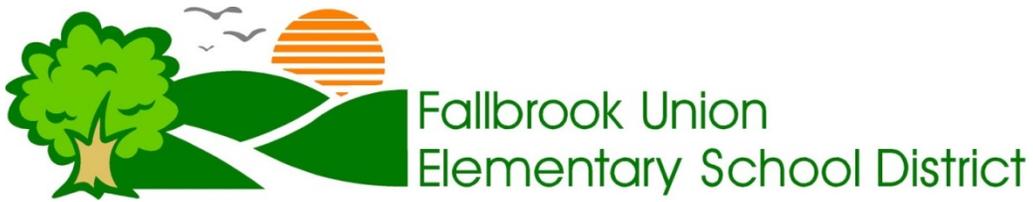
Fallbrook Union Elementary School District

Maternity Leave Request Form

Employee Name: _____   Date of Request: _____

Position: _____   School/Dept: _____

Employee ID #: _____

TO: Associate Superintendent of Human Resources

❑ I am requesting Family and Medical Leave/Maternity Leave pursuant to Article 4.11-4.13 (FETA) or Article 13.11-13.13 (CSEA) for the birth of a child, or placement of child with me for adoption or foster care.

Estimated Due Date:	Approximate Date of Return:

PDL (6-8 weeks)

FMLA (12 weeks)

Child Bonding (12 weeks)

❑ I am requesting Child Bonding/CFRA (California Family Rights Act) pursuant to Article 4.15 (FETA) or Article 13.11.1 (CSEA). I understand that I must provide this request with at least thirty (30) days prior notice of my intent to take Child Bonding Leave.

Child Bonding Begin Date:	Date of Return:

I understand that in order to be eligible for FMLA and Child Bonding/CFRA leave I must have been employed with the District for at least 12 months prior to the leave. Pursuant to FMLA/CFRA, I am entitled to request up to twelve (12) work weeks of Family and Medical Leave and Child Bonding in a 12-month period. I understand that the District will require me to use any accrued paid sick time.

Employee Signature: _____   Date: _____

PDL Approval ONLY ❑
FMLA Approval ❑
CFRA Approval ❑ _____

_____   _____
Associate Superintendent of Human Resources   Date