



Pregnancy Leave Information for Classified 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), Child Bonding, Pregnancy Disability Leave (PDL). In order to be eligible for FMLA/CFRA and Child Bonding 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 at half (1/2) pay during your remaining pregnancy disability leave. Sick leave and half (1/2) pay are not deducted on non-work days.

Vacation Days

Once you have exhausted all available sick leave, you may choose to use your available vacation days. If you choose to use your vacation days, please authorize the use of these days on the Leave Request Form.

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

Governing Board

Darryl Buntin

Patty de Jong

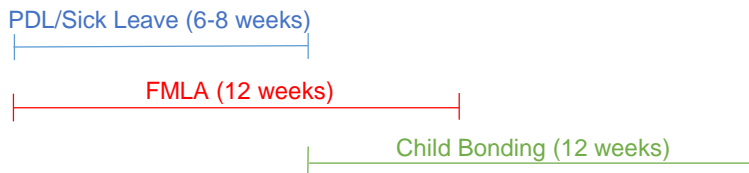
Lisa Masten

Patrick Rusnell

Siegrid Stillman

Leaves of Absence After Pregnancy Disability Leave

- ✓ Balance of Family Medical Leave (12 weeks), if applicable
 - Runs concurrently with PDL
 - Paid using your sick time. Once sick time is exhausted you are paid at half (1/2) pay.
- ✓ Child Bonding Leave (CSEA Article 13.11.1)
 - Starts after PDL
 - Up to 12 work weeks in a 12-month period.
 - Can be taken all at one time or intermittently (minimum of 2 weeks at a time - CSEA Article 13.11.1).
 - Paid using your sick time. Once sick time is exhausted you are paid half (1/2) pay



- ✓ Unpaid Child Rearing Leave (CSEA Article 13.12)
 - Unpaid leave
 - 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

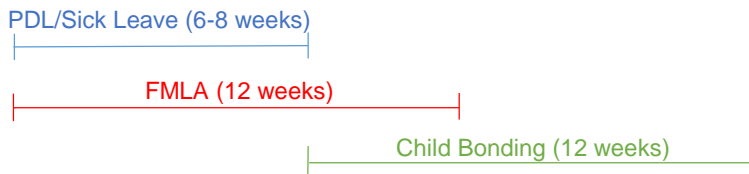
Maternity Leave Request Form

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:
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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:
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By checking this box, I authorize the FUESD Payroll Department to use any available vacation time once I've exhausted my sick leave balance in order to remain in full-paid status.

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 <input type="checkbox"/> FMLA Approval <input type="checkbox"/> CFRA Approval <input type="checkbox"/>		
Associate Superintendent of Human Resources		Date