


SAN GABRIEL VALLEY ROP


“Find Your Future”

MEMORANDUM

DATE: December 2, 2021

TO: ROP Certificated Instructional Staff

VIA: Maura Murabito, Ed.D., Superintendent 

FROM: David Serrano, J.D., Executive Director of Human Resources 

SUBJECT: Leave of Absence Procedure, Leave of Absence form, and Substitute Request Procedure

Background:

As was previously discussed during our online meetings on October 27, 2021 and November 3, 2021, the ROP is modifying and updating the request for leave process, the substitute request procedure, and updating its Request for Leave of Absence form. The new procedures, processes and form, will ultimately assist in streamlining all of the following: leave request, payroll, and substitute requests.

As outlined below, please adhere to the following:

1. Effective immediately, Request for Leave of Absence (LOA) must be made in advance, using the Leave of Absence Request form, between you and your immediate ROP Supervisor:
 - Except for acute onset of illness or emergency personal necessity (you will submit the request for LOA form as soon as practicable)
2. Leave of Absence form: employees must use the Request for Leave of Absence form for all absences.
 - For prior scheduled appointments/meetings, you must submit the form in advance to arrange substitute coverage
 - For emergency personal necessity, you are to submit the form as soon as practicable (for PN leave, please see #3 below)
 - Complete your portion of the form (with electronic signature)
 - Forward to your ROP Supervisor
 - ROP Supervisor will review form, and if approved, will:
 - a) return a signed copy to you;
 - b) forward the original to Payroll;
 - c) notify sub-caller to coordinate Substitute coverage

3. Personnel Necessity Leave: is to be used for emergency personal necessity, and it will be your responsibility to contact the sub-caller directly for coverage. **The new sub-line number for emergency personal necessity leave is 626.347.1369.**
 - Personal Necessity Leave is not to be used for “vacation” or to extend holiday weekends
 - Certificated Classroom Instructors do not earn/accrue “vacation” time
4. Substitute request line phone number has changed, please use the following number only: 626.347.1369

Should you have any questions regarding memorandum, please contact David Serrano, Executive Director of Human Resources, via email: dserrano@esgvrop.org or via work cell phone: 626.364.1227, or Ariel Porras, Human Resources Assistant, via email: Aporras@esgvrop.org or via work cell phone: 626.364.1369.

Attachments: 2

1. Clean fillable PDF Leave of Absence Request form
2. Sample completed form



San Gabriel Valley Regional Occupational Program REPORT OF ABSENCE / LEAVE REQUEST

 Original

 Change

 Cancel

Name _____

Position Title _____

 My absence is from _____ on _____ through _____ on _____ totaling _____ hours
Insert Day of the Week Insert Date Insert Day of the Week Insert Date Insert # of Leave Hours

Was due to _____

 My employee type (check one): Classified Certificated Supervisor _____

 Location(s) _____ Total hours worked daily _____ to _____
Enter Worksite Name

 Substitute Needed? Yes No

Dates Absent	I request the following charges to be made to my leave account:	Hours	Payroll Use Only
	1. SICK LEAVE		
	A. Personal illness or injury		
	B. Personal doctor or dentist appointment		
	C. Personal necessity leave (ED Code 44987 <i>Certificated Max 7 Days; BP 4233.4 Classified Max 6 days</i>)		
	1) Death or serious illness of a member of the employee's immediate family (specify relationship)		
	2) An accident involving employee's person or property or the person or property of an employee's family (state nature of accident)		
	3) Other personal necessity (requires prior approval) See BP 4233.4 <i>Classified</i> Specify in detail		
	D. Pregnancy disability leave (off-work order)		
	2. Extended illness leave—sick leave exhausted (off-work order)		
	3. BEREAVEMENT LEAVE (Specify relationship) <i>A maximum of 3 days or 5 days if out-of-state travel is required.</i>		
	4. INDUSTRIAL ACCIDENT LEAVE (Accident report must be filed with and approved by the Human Resources Office) Date of injury—		
	5. JURY DUTY LEAVE – (Attach jury room service slip) <i>Classified: Jury fee is deducted from wages; Certificated: Jury service is non-paid.</i>		
	6. VACATION (Requires prior approval) <input type="checkbox"/> A. Vacation Leave <input type="checkbox"/> B. Compensatory time (Requires prior approval)		
	7. PAID MILITARY LEAVE (Requires copy of military orders)		
	8. LEAVE WITHOUT PAY (Requires prior approval) <input type="checkbox"/> A. Personal Leave <input type="checkbox"/> B. FMLA (Family Medical Leave Act) <input type="checkbox"/> C. Other (specify)		

This form must be returned to your supervisor for prior approval unless your absence is due to illness or emergency personal necessity, then it must be returned to your supervisor immediately upon your return. If on extended leave, an off-work order and/or written request must be submitted estimating the time and leave to dock; this must be followed weekly by this absence report showing the actual days absent.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Routing:

Employee → Supervisor

 Supervisor → Payroll at Payroll@esgvrop.org



San Gabriel Valley Regional Occupational Program REPORT OF ABSENCE / LEAVE REQUEST

 Original

 Change

 Cancel

Name Sample Name Position Title Graphic Arts Instructor

My absence is from Tuesday on 1/1/XX through Tuesday on 1/1/XX totaling 3 hours
Insert Day of the Week Insert Date Insert Day of the Week Insert Date Insert # of Leave Hours

Was due to Medical appointment

My employee type (check one): Classified **Certificated** Supervisor Kris Kringle

Location(s) ROP High School Total hours worked daily 6 7:55am to 2:05pm
Enter Worksite Name

Substitute Needed? Yes No

Dates Absent	I request the following charges to be made to my leave account:	Hours	Payroll Use Only
	1. SICK LEAVE		
	A. Personal illness or injury		
x	B. Personal doctor or dentist appointment	3	
	C. Personal necessity leave (ED Code 44987 <i>Certificated Max 7 Days; BP 4233.4 Classified Max 6 days</i>)		
	1) Death or serious illness of a member of the employee's immediate family (specify relationship)		
	2) An accident involving employee's person or property or the person or property of an employee's family (state nature of accident)		
	3) Other personal necessity (requires prior approval) See BP 4233.4 <i>Classified</i> Specify in detail		
	D. Pregnancy disability leave (off-work order)		
	2. Extended illness leave--sick leave exhausted (off-work order)		
	3. BEREAVEMENT LEAVE (Specify relationship) <i>A maximum of 3 days or 5 days if out-of-state travel is required.</i>		
	4. INDUSTRIAL ACCIDENT LEAVE (Accident report must be filed with and approved by the Human Resources Office) Date of injury--		
	5. JURY DUTY LEAVE -- (Attach jury room service slip) <i>Classified: Jury fee is deducted from wages; Certificated: Jury service is non-paid.</i>		
Not for Instruct'l staff	6. VACATION (Requires prior approval) <input type="checkbox"/> A. Vacation Leave <input type="checkbox"/> B. Compensatory time (Requires prior approval)		
	7. PAID MILITARY LEAVE (Requires copy of military orders)		
	8. LEAVE WITHOUT PAY (Requires prior approval) <input type="checkbox"/> A. Personal Leave <input type="checkbox"/> B. FMLA (Family Medical Leave Act) <input type="checkbox"/> C. Other (specify)		

This form must be returned to your supervisor for prior approval unless your absence is due to illness or emergency personal necessity, then it must be returned to your supervisor immediately upon your return. If on extended leave, an off-work order and/or written request must be submitted estimating the time and leave to dock; this must be followed weekly by this absence report showing the actual days absent.

Employee Signature Employee Sample Digitally signed by Employee Sample Date: 2021.12.01 09:11:56 -08'00' Date 12/01/XX

Supervisor Signature _____ Date _____

Routing:

Employee → Supervisor

Supervisor → Payroll at Payroll@esgvrop.org