***[Letter 2 —TO BE PLACED ON DISTRICT LETTERHEAD AND USED WHEN A CLASSIFIED EMPLOYEE IS ON INDUSTRIAL ACCIDENT OR ILLNESS LEAVE]***

[DATE]

[NAME AND ADDRESS OF EMPLOYEE]

Re: Exhaustion of Available Leaves of Absence

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

This letter will confirm your leave of absence status with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District (District). The first day of your industrial accident or illness leave began on \_\_\_\_\_\_\_\_\_\_. As of \_\_\_\_\_\_\_\_\_\_, you will have exhausted the allowable 60 days of industrial accident or illness leave. As of \_\_\_\_\_\_\_\_\_\_\_, you will have exhausted your sick leave, including accumulated sick leave.

Education Code section 45192 provides that an employee in the classified service will receive up to 60 days of industrial accident or illness leave, starting the first day of absence.

Further, Education Code section 45196 states: [**SELECT ONE OPTION]**

**Sub-dock option:** [that an employee in the classified service will receive up to five (5) months of illness or accident leave, if necessary, including extended illness leave at differential pay if a substitute is hired during the employee’s absence. This is often called “sub-dock” or differential pay. Once the 60 days of industrial accident leave is exhausted, accrued sick leave and vacation is then exhausted. Sub-dock/differential pay is then used to for the balance of the five (5) months allowed pursuant to Education Code section 45196. Your extended sick leave is [or has been] paid at this rate.]

**Half-pay alternative:** [that a regular classified employee will once a year be credited with a total of 100 working days of paid sick leave, including regular and accumulated paid sick leave days. The days of paid sick leave, which are in addition to the regular and accumulated paid sick leave days (up to 100 working days), will be compensated at 50% of the employee’s regular salary. The 100 working days total of paid sick leave is exclusive of any other paid leave, holidays, vacation, or compensating time that the employee may be entitled. Once the 60 days of industrial accident leave is exhausted, accrued sick leave and vacation is then exhausted. Sub-dock/differential pay is then used to for the balance of the five (5) months allowed pursuant to Education Code section 45196. Your extended sick leave is [or has been] paid at this rate.]

[This letter will also confirm District is considering your illness or injury to be a “serious health condition” covered under both the federal Family and Medical Leave Act (FMLA) and California Family Rights Act (CFRA). Under FMLA/CFRA, you are eligible for up to 12 weeks of unpaid leave in a 12-month period for your own serious health condition. Your FMLA/CFRA leave started on \_\_\_\_\_\_\_\_\_\_\_ (the first day of your absence). Enclosed are the forms regarding FMLA/CFRA leave.]

Before you exhaust the statutory leaves of absence available to you, we will continue to engage with you in a good faith interactive process under the Fair Employment and Housing Act and the Americans with Disabilities Act, and amendments thereto, to determine whether reasonable accommodations exist to support your return to work or your continued protected leave status. As a potential reasonable accommodation, you have the right to request, in writing, additional paid or unpaid leave. This request must be sent to the Superintendent and will be presented to the Board of Trustees for consideration at its next regularly scheduled meeting.

If, at the conclusion of our interactive process discussions with you, reasonable accommodations do not exist to support your return to work or continued protected leave status, and you have exhausted the statutory leaves of absence available to you, you will be placed on the District’s reemployment list for a period of 39 [24 if probationary] months. (Education Code section 44978.1.) You will thereafter receive notification regarding COBRA benefits. Additionally, if you are vested with CalPERS, we will simultaneously file an employer-originated CalPERS disability retirement election application. (Government Code section 21153.) We encourage you to contact CalPERS to obtain additional information on your retirement options.

If you have any questions or need additional information, please do not hesitate to contact me. I wish you well as you address your current medical situation.

Sincerely,

[DISTRICT ADMINISTRATOR]