***[Letter B —TO BE PLACED ON DISTRICT LETTERHEAD AND USED WHEN A CERTIFICATED 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 44984 provides that a certificated employee who is absent due to industrial accident or illness shall be entitled to 60 days of industrial accident or illness leave. Further, Education Code section 44977 states that a certificated employee who has exhausted all sick leave, including accumulated sick leave, and continues to be absent from their duties on account of the employee’s own illness or accident, will receive up to an additional period of five (5) school months of extended illness or accident leave. This extended illness or accident leave is to commence once the industrial accident or illness leave is exhausted. During an employee’s extended illness or accident leave, the employee’s salary will be reduced by the amount actually paid a substitute employee employed to fill his or her position during his or her absence or, if no substitute employee was employed, the amount that would have been paid to the substitute had he or she been employed. This is often called “sub-dock” or differential pay.

[This letter will also confirm the 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 the 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.

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]