# Article 10 Common Leaves of Absence

During a paid leave (full or half pay) of absence: You are an active employee, health benefits remain intact, step and column is credited, state retirement contributions continue.

| Sick Leave | ● When sick time exhausted, you may use up to 100 days per year for up to 2 years per illness at your half daily rate of pay  
|            | ● Half daily rate of pay: yearly salary \div \# of work days per year \div 2  
|            | ● Doctor's note required 24 hours prior to return ONLY if:  
|            |   ○ You take 15 or more consecutive days of sick time  
|            |   ○ You have surgery  
|            |   ○ You are returning from an illness requiring hospitalization  
| Health Leave | ● For illness known in advance  
|             | ● Doctor's note required in advance  
|             | ● When sick time exhausted, you may use up to 100 days per year for up to 2 years per illness at your half daily rate of pay (see formula above)  
| Personal Necessity Leave | ● Ten days max per year paid from sick bank, no sick time = no PN available  
|                          | ● Prior approval required: [PN Form](#)  
|                          | ● 7 out of 10 days must be for reasons stated on page 2 of PN form  
|                          | ● 3 out of 10 days may be unspecified reasons for personal necessity  
| Parental Leave | ● Expires when baby turns 1 for each parent  
|                | ● Up to 12 weeks of child bonding  
|                | ● When sick time exhausted, paid at half daily rate of pay (see formula above)  

During an unpaid leave of absence: You are considered an inactive employee, health benefits will cease and you may pay the monthly premium out of pocket, step and column will NOT be credited if unpaid for more than 25% of yearly work days, you receive 1 full year credit for step and column if in 2 consecutive school years you are on paid status for at least 75% of yearly work days, state retirement contributions cease.

| Home Responsibility Leave | ● You must be a permanent employee  
|                          | ● For purposes of child care, adoption, or care of members of the immediate family  
|                          | ● May be granted only for remainder of school year and extended to the following school year  
| Child Care Leave | ● Unpaid if your child is less than 1 year old  
|                  | ● For a maximum of current year and next year  
| Family and Medical Care Leave | ● GUSD employee for at least one year  
|                             | ● You may use up to 15 paid days from your sick bank  
|                             | ● May run concurrently with some paid leaves  
|                             | ● For purposes of infant care, or illness to family member or self.  
|                             | ● Up to 12 weeks leave per year with health benefits intact  
|                             | ● Written certification from health care provider may be required  
| General Purpose Leave | ● For permanent employees for reasons other than existing leaves  
|                      | ● Min of 1 semester/1 trimester or Max of 2 semesters/3 trimesters  
|                      | ● Submit at least 30 calendar days prior to commencement  

[**GUSD Leave of Absence FORM**](#)

Please feel free to call the GTA office with questions, 818-240-3924.

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