

CHRISTINA SCHOOL DISTRICT

COVID ADMINISTRATIVE PROCEDURE

Pursuant to the memorandum issued by OMB Director Cerron Cade on September 7, 2021 (“Memorandum”), the Board of Education of the Christina School District (“District”) elects to participate in a Covid Leave Extension (the “Leave”) program in accordance with, and as provided by, the Memorandum.

I. PURPOSE STATEMENT AND SCOPE:

This Procedure provides details on the continued implementation of Leave afforded to full- and part-time District employees as well as coaches and casual/seasonal employees (each a “Covered Individual”). This Policy supersedes any prior policy concerning the subject matter of the Memorandum.

II. DEFINITIONS AND ACRONYMS:

- Child – A “son or daughter” is a Covered Individual’s own child, which includes a biological, adopted, or foster child, a stepchild, a legal ward, or a child for whom a Covered Individual is standing *in loco parentis* – someone with day-to-day responsibilities to care for or financially support a child. A “son or daughter” is also an adult son or daughter (i.e., one who is 18 years of age or older), who

(1) has a mental or physical disability, and (2) is incapable of self-care because of that disability.

- COVID-19 – New strain of coronavirus that had not been previously identified in humans prior to the global pandemic.

III. PROCEDURE:

The District will provide qualifying Leave as set forth herein effective July 1, 2021 (for twelve month employees) and August 23, 2021 (for ten month employees) through **June 30, 2022**. Unused Leave is forfeited. No Leave will carry into July 2022, even if a continuous period of absence started prior to June 30, 2022.

Leave –A Covered Individual is entitled to ten (10) workdays of Leave if there is work available, but the Covered Individual is unable to work and unable to telecommute for reasons stated below. Use of Leave may be approved because a Covered Individual:

- 1) is subject to a Federal, state, or local quarantine or isolation order related to COVID19;
- 2) has been advised by a health care provider (as used in the Family Medical Leave Act regulations) to self-quarantine due to concerns related to COVID-19;
- 3) is experiencing symptoms of COVID-19 and is seeking a medical diagnosis;

- 4) is caring for their Child whose school or childcare is closed or otherwise unavailable due to COVID-19; or
- 5) is caring for an individual (an immediate family member or someone who regularly resides in the Covered Individual's home. This arises only when the relationship creates an expectation that of care for the person in a quarantine or self-quarantine situation, and that individual would depend on the Covered Individual for care during the quarantine or self-quarantine. This Leave does not apply to caring for someone with whom the Covered Individual has no relationship) who is affected by 1), 2), or 3) of this Policy section);
- 6) is experiencing any other substantially similar condition specified by the Secretary of the Department of Health and Human Services;
- 7) has been exposed to COVID-19 and is seeking or awaiting the results of a test for COVID-19 or the District has requested such test or diagnosis;
- 8) is obtaining the COVID-19 vaccination; or
- 9) is recovering from an injury, disability, illness or condition resulting from the COVID-19 vaccination.

Leave under 1), 2), 3), 7), 8), or 9) of this Policy section is paid at the Covered Individual's regular earnings rate. Leave under 4), 5), or 6) of this Policy section is paid at 2/3 the Covered Individual's regular earnings rate. Note that as of the time of publication of this Policy, the Secretary of the Department of Health and Human Services has not specified a condition responsive to 6).

IV. DOCUMENTATION:

Documentation of absence must be provided as soon as practicable and be accompanied by the Covid Leave Form, attached as Exhibit A.

V. CALCULATION OF PAY AND CONCURRENCE WITH FMLA:

Pay for part-time, hourly and casual/seasonal Covered Individuals eligible for Leave is calculated on the average number of hours a Covered Individual works. This calculation will be used to determine the regular earnings amount(s) to be paid to the Covered Individual for Leave, averaged over the prior 13 pay periods (six months). Leave in all cases will run concurrently with FMLA.

VI. REPORTING:

The Business Office shall report to the Office of Management and Budget no later than the first Friday of each month with regard to Leave used and substitute coverage as afforded in the Memorandum.

**Christina School District
Covid Leave Form**

Employee Name: _____ Date: _____
Employee Title: _____
Department/Division: _____

I am a (choose one): Full-Time Part-Time Casual/Seasonal Employee

Requested Leave Start Date: _____ End Date: _____

Due to COVID-19, I am unable to work (or telecommute) and request Covid Paid Sick Leave due to (choose qualifying reasons(s)):

Qualifying Reason 1:

I am a subject to a federal, state or local quarantine or isolation order related to COVID-19. Provide the requested information below:

Date of Order: _____ Order Attached: Yes No To follow: _____ (Date)

Healthcare Provider Name: _____

Healthcare Provider Address: _____

Healthcare Provider Phone Number: _____

Qualifying Reason 2:

I have been advised by a healthcare provider to self-quarantine related to COVID-19. Provide the requested information below:

Healthcare Provider Name: _____

Healthcare Provider Address: _____

Healthcare Provider Phone Number: _____

Qualifying Reason 3:

I am experiencing COVID-19 symptoms and am seeking medical diagnosis. Provide the requested information below:

Healthcare Provider Name: _____

Healthcare Provider Address: _____

Healthcare Provider Phone Number: _____

Qualifying Reason 4:

I am caring for an ill individual subject to an order described in (1) or self-quarantine as described in (2).
Provide the requested information below:

Name of Individual: _____

Address of Individual: _____

Relationship to Individual: _____

Qualifying Reason 5:

I am caring for a child (under the age of 18 years old) whose school or childcare is closed or otherwise unavailable due to COVID-19.

I certify that (select the criteria that applies):

I am the parent of a child (or children) who is/are under 18 years of age; or

I am the parent of a child (or children) 18 years of age or older and incapable of self-care because of a mental or physical disability.

Name and address of the school(s), place(s) of care, or childcare provider(s), which are closed or unavailable due to COVID-19.

Qualifying Reason 6:

I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services.

Describe your condition:

Qualifying Reason 7:

I have been exposed to COVID-19 symptoms and am seeking or awaiting the results of a test for COVID-19 or my employer has requested such test or diagnosis:

Provide requested information below:

Date of Test or Diagnosis: _____

Estimated Date of Test/Diagnosis Results: _____

Testing Site Address: _____

Qualifying Reason 8:

I am obtaining the COVID-19 vaccination. Provide the requested information below:

1st dose of COVID-19 vaccine 2nd dose of COVID-19 vaccine

Date(s) of COVID-19 Vaccine Appointment: _____

Appointment Location: _____

Qualifying Reason 9

I am recovering from an injury, disability, illness, or condition related to the COVID-19 vaccination.

Provide the requested information below:

1st dose of COVID-19 vaccine 2nd dose of COVID-19 vaccine

Date(s) of COVID-19 Vaccine Appointment: _____

Appointment Location: _____

Describe your condition: _____

Time off work is expected to be for (choose one):

A continuous period of time An intermittent period of time

If requesting intermittent leave, indicate the days and hours needed per pay period. If additional space is needed, please use a separate piece of paper.

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
| | | | | | | |
| | | | | | | |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
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I have read and understand the attached COVID-19 Leave Protocol and agree to the duties, obligations, responsibilities and conditions to request leave therein. I attest that the above information is accurate and complete. I understand that management may, at any time, change any or all the conditions under which I am permitted to use leave, withdraw permission temporarily without cause or explanation, or request additional documentation or information.

Employee Signature and Date

Employee Supervisor Signature and Date

District Human Resources Signature and Date

Approved Denied