

In Person, Hybrid and Remote Learning During COVID-19 Procedures for Teachers and Paraprofessionals

1. If students are in person (either fully or hybrid) and...
 - a. you need to use *Annual Leave*; you will need to create sub plans and assign a sub to your absence for that day(s).
 - b. you are assigned *FFCRA Leave*; you will need to create sub plans and assign a sub to your absence for that day(s).
 - c. you are taking *Annual Leave* or *FFCRA Leave*, you cannot work from home.
2. If students are remote and...
 - a. you need to use *Annual Leave*; you can create sub plans, assign a sub to your absence and the sub will teach your students using Google Meet.
 - b. you are assigned *FFCRA Leave*; you can create sub plans, assign a sub to your absence and the sub will teach your students using Google Meet.
 - c. or, you can assign work to your students (in lieu of creating sub plans and assigning a sub) to complete during your absence.
 - d. you are taking *Annual Leave* or *FFCRA Leave*, you cannot work from home.
3. If you have been asked to quarantine by the District and are assigned *COVID-Remote Leave*...
 - a. you can work from home.
 - a. if students are in person (either fully or hybrid) you will co-teach with a substitute assigned to your classes. You should use Google Meet to teach your classes while you are working from home.
 - b. if students are remote, you can teach your students from home while the students are remote.

In Person, Hybrid and Remote Learning During COVID-19 Procedures for Directors and Special Service Providers

1. If students are in person (either fully or hybrid) and...
 - a. you need to use *Annual Leave*; you will need to create an absence in Frontline for that day(s).
 - b. you are assigned *FFCRA Leave*; HR will create an absence in Frontline for that day(s).
 - c. you are taking *Annual Leave* or *FFCRA Leave*, you cannot work from home.
2. If students are remote and...
 - a. you need to use *Annual Leave*; you will need to create an absence in Frontline for that day(s).
 - b. you are assigned *FFCRA Leave*; HR will create an absence in Frontline for that day(s).
 - c. you are taking *Annual Leave* or *FFCRA Leave*, you cannot work from home.
3. If you have been asked to quarantine by the District and are assigned *COVID-Remote Leave*...
 - a. you can work from home.
 - c. if students are in person (either fully or hybrid) you should work remotely and engage with your students, staff, or team in alignment with the responsibilities and functions of your position from home.
 - d. if students are remote, you should work remotely and engage with your students, staff, or team in alignment with the responsibilities and functions of your position from home.

In Person, Hybrid and Remote Learning During COVID-19 Procedures for All Other Staff

4. If students are in person (either fully or hybrid) and...
 - a. you need to use *Annual Leave*; you will need to create an absence in Frontline for that day(s) and assign a sub if it is required for your job type.
 - b. you are assigned *FFCRA Leave*; HR will create an absence in Frontline for that day(s) and assign a sub if it is required for your job type.
 - c. you are taking *Annual Leave* or *FFCRA Leave*, you cannot work from home.
5. If students are remote and...
 - a. you need to use *Annual Leave*; you will need to create an absence in Frontline for that day(s) and assign a sub if it is required for your job type.
 - b. you are assigned *FFCRA Leave*; HR will create an absence in Frontline for that day(s) and assign a sub if it is required for your job type.
 - c. you are taking *Annual Leave* or *FFCRA Leave*, you cannot work from home.
6. If you have been asked to quarantine by the District and are assigned *COVID-Remote Leave*...
 - a. you can work from home.
 - e. if students are in person (either fully or hybrid) you should work remotely and engage with your staff or team in alignment with the responsibilities and functions of your position from home.
 - f. if students are remote, you should work remotely and engage with your staff or team in alignment with the responsibilities and functions of your position from home.

* Essential Staff will always be notified by their Supervisor or Principal if they should report to work in the event the District moves to a fully remote model.

Explanation of Leaves During COVID-19

1. When can I work from home?
 - a. If you have been asked by the District, HR and your direct supervisor to quarantine and you have been assigned the COVID-Remote Leave type.
 - b. If the entire District, including all non-essential staff, move to a fully remote model.
2. What if I, or my child(ren)/family member don't feel well, have an appointment, etc., and I need to stay home. If students are in remote learning, can I work from home?
 - a. No, you need to enter your absence in Frontline as Annual Leave. Your students can be taught via a building substitute or you can assign work to your students to do in your absence in lieu of creating sub plans.
3. What if I have a training to complete and students are remote, can I do that from home?
 - a. No, you need to come to your building and do your training from your office or classroom and log your time in Frontline as Professional Development.
4. What if I cannot come to school because I cannot answer "no" to the daily health screening questions?
 - a. Send an email to your supervisor, HR, and your building nurse(s). The nurses will help you through the process and HR will guide you through the approval and use of FFCRA leave, if warranted. Log your absence in Frontline as Annual Leave.

* Always inform your director supervisor anytime you will be out for any reason and enter your leave in Frontline.

Annual Paid Leave - These are your "personal" days for each school year. These are used if you are sick, have a personal obligation or doctor's appointment. If you are out on Annual Leave, you may not conduct school business, including working from home.

FFCRA Paid Leave - These days are assigned to you by HR if you are experiencing COVID-like symptoms, have been asked to quarantine by a health professional, or are awaiting results of a COVID test or alternate diagnosis. If you are on FFCRA Paid Leave you may not conduct school business, including working from home.

COVID Remote Paid Leave - These days are assigned to you by HR if you have been asked to *quarantine by the District* due to current COVID requirements. You should work remotely and engage with your students, staff, or team in alignment with the responsibilities and functions of your position while on COVID Remote Paid Leave.

** Only staff members who have been asked to quarantine by the District and are assigned the COVID Remote Paid Leave type may work from home, without any exceptions.

* If you (or a family member) are sick with a routine illness and have used Annual Leave for your time off ~ *then your health care professional determines you (or that family member) may need to be tested for COVID-19 and your illness may not be routine* ~ any Annual Leave you may have used can be reversed by HR to FFCRA Paid Leave.

* FFCRA Paid Leave is approved by completion of the federal form, which will be sent to you electronically by HR if you need to request use of that leave type.

* Any questions regarding Accumulated Leave, Sick Bank Leave or FMLA Leave can be directed to Human Resources.

INFORMATION ONLY

MSSD 14 FFCRA LEAVE OF ABSENCE: EMPLOYEE REQUEST FORM

Name	Date
Job Title	School/Department

TO BE COMPLETED BY EMPLOYEE:

A. I request a paid leave of absence under the Emergency Paid Sick Leave Act (FFCRA up to 10 days) from _____ to _____ I am unable to work because:

☐ **1.** I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.

Governmental entity ordering quarantine or isolation: _____

☐ **2.** I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

Name of health care provider: _____

☐ **3.** I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis.

☐ **4.** I am caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

Name of individual and relationship to employee: _____

Governmental entity ordering quarantine or isolation: _____ **OR**

Name of health care provider: _____

☐ **5.** I am caring for my son or daughter because my child's school or place of care has been closed, or the child care provider of my child is unavailable, due to COVID-19 precautions.

Name(s) and age(s) of child(ren): _____

Name of school and/or place of care: _____

☐ **6.** I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

Reason 1, 2, 3, = 100% Daily Rate up to 10 days

Reason 4, 6 = 2/3 Daily Rate up to 10 days (not to exceed \$200/day)

Reason 5 = 2/3 Daily Rate (not to exceed \$200/day) and up to 12 weeks (10 days of EPSLA followed by up to 10 weeks of Expanded FMLA)

Intermittent Leave: If you are reporting to the workplace to work, you can request intermittent leave for reason A5. Your request is subject to our mutual agreement.

I request (choose one):

☐ continuous leave

☐ intermittent leave

B. I request approval for a paid leave of absence under the Emergency Family and Medical Leave Expansion Act from _____ to _____ (Expanded FMLA/FFCRA up to 10 weeks) because:

☐ I am unable to work due to a need to care for my son or daughter because my child's school or place of care has been closed, or the child care provider of my child is unavailable, due to COVID-19 precautions.

Name(s) and age(s) of child(ren): _____

Name of school and/or place of care: _____

INFORMATION ONLY

MSSD 14 FFCRA LEAVE OF ABSENCE: EMPLOYEE REQUEST FORM

Intermittent Leave: You can request intermittent leave for reason B. Your request is subject to our mutual agreement.

I request (choose one):

☐ continuous leave

☐ intermittent leave

Substitution of Paid Leave: Pursuant to the FFCRA, the first 10 days of your leave is unpaid. However, you may be eligible to utilize emergency paid sick leave (EPSL) provided under the FFCRA. You may also choose to utilize any available Annual Leave, Vacation (if applicable) and Accumulated Leave (if applicable) Please indicate below what paid leave, if any, you wish to utilize during your Emergency Family and Medical Leave (EFMLA):

☐ Annual _____ days

☐ Vacation _____ days

☐ Accumulated _____ days

☐ EPSL _____ days

☐ I do not wish to use paid leave

C. Other information

If you requested intermittent leave above, please describe the nature of your intermittent leave (what days of the week you will need intermittent leave, what times of the day you can work on those days, and what times of the day you need intermittent leave on those days):

Days	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Time(s) Can Work							
Time(s) Request Intermittent Leave							

If your child is 15 years of age or older, please describe the special circumstances that exist requiring you to provide care:

LEAVES OTHER THAN THOSE MENTIONED IN THIS FORM ARE NOT FFCRA ELIGIBLE

I understand that prior to any leave, I must make arrangements to continue insurance coverage if I am eligible. If my need for leave changes, including my inability to return to work as scheduled, I understand that I must contact HR and/or my supervisor immediately. Further, I understand that I must contact HR and/or my supervisor before I can return to work. Failure to do so may result in corrective action. I also understand that I may be required to provide a fitness for duty certification before being restored to employment.

Employee

Signature _____ Date _____

If I am requesting leave because I am unable to work due to the fact my child(ren)'s school or place of care has been closed due to COVID-19 reasons, by signing below I attest that (i) if my child is older than 14, special circumstances exist that require me to provide care, and (ii) no other person will be providing care to the child during the period in which I receive family medical leave.

Employee

Signature _____ Date _____