

WEBSTER COUNTY SCHOOL DISTRICT
FAMILY FIRST CORONAVIRUS RESPONSE ACT (FFCRA)
Emergency Paid Sick Leave (EPSL)

Webster County School District is required to comply with FFCRA that provides for the offering of Emergency Paid Sick Leave (EPSL). *EPSL is offered when an employee is unable to work or telework for the qualifying reasons listed under each type of EPSL below.*

- I. Types of Emergency Paid Sick Leave (EPSL)
 1. Employee Related
 - a. Provides for full-time employees* up to 80 hours/10 days/2 weeks of paid sick leave at 100% of employee's regular rate.**
 - b. Qualifying Reasons
 - i. Employee is under Federal, State and/or Local government quarantine/isolation order related to COVID-19
 - ii. Employee has been advised by a healthcare provider to self-quarantine/isolate related to COVID-19
 - iii. Employee is displaying COVID-19 symptoms and seeking a medical diagnosis
 - c. Employees are eligible for this leave type on first day of employment
 - d. This type of EPSL cannot be used intermittently. It must be taken consecutively.
 - e. Employee must not return to work until criteria set by the Webster County District Return to School Policy guidelines have been met
 2. Caring for Another Individual that requires the Employee's care
 - a. Provides for full-time employees* up to 80 hours/10 days/2 weeks of paid sick leave at two-thirds (2/3) of employee's regular rate.**
 - b. Qualifying Reasons
 - i. To care for an individual who is under Federal, State and/or Local government quarantine/isolation order related to COVID-19
 - ii. To care for an individual who has been advised by a healthcare provider to self-quarantine/isolate related to COVID-19
 - iii. To care for a child whose school or place of care is closed or unavailable due to COVID-19 precautions
Must apply for Expanded Family Medical Leave
 - c. Employees are eligible for this leave on first day of employment
 - d. This type of EPSL may be used intermittently only for taking care of a child whose school or place of care is closed. (See Expanded Family Medical Leave Request Form.) Otherwise, leave must be taken consecutively. *Intermittent leave means an employee will complete some District duties on a modified schedule as approved by the employee's supervisor. When using intermittent leave, the employee will receive full regular pay for hours or days worked and 2/3 of regular pay during periods on EPSL, unless supplemented with personal accumulated leave.*
 3. If employee is experiencing any other substantially similar condition specified by the US Department of Health and Human Services, the employee may be eligible for the same benefits as provided for in number two above. *As of July 1, 2020, these conditions have not yet been identified by HHS.*
- II. Employee must apply by submitting the Employee Request Form for Emergency Paid Sick Leave
 - a. See Employee Request Form for Emergency Paid Sick Leave for documentation to accompany the form's submission
 - b. There is only one bank of 80 hours/10 days/2 weeks of the EPSL per employee
 - c. Employee must notify the Payroll Office should their qualifying reason change
- III. Unused Emergency Paid Sick Leave does not rollover into the employee's personal leave bank
 - a. Employee can use unused EPSL balance if employee meets a qualifying reason again, but only through the use expiration date and only until unused balance is exhausted
 - b. All unused balances and use of Emergency Paid Sick Leave expire December 31, 2020
- IV. Emergency Paid Sick Leave is issued in addition to any other sources of leave which the employee has already accumulated or otherwise entitled to.
 - a. If employee needs to remain off work for more than three days after exhausting the 80 hours/10 days/2 weeks allowed for here, he or she must apply for Family Medical Leave

**Employees that are scheduled for less than 40 hours per week are entitled to paid leave at the average number of hours they would normally have worked in a two-week period.*

***The amount of paid sick leave paid at 100% is capped at \$511 per day or \$5,110 in the aggregate. The amount of paid sick leave paid at two-thirds is capped at \$200 per day or \$2,000 in the aggregate.*

WEBSTER COUNTY SCHOOL DISTRICT - EMPLOYEE REQUEST FORM - EMERGENCY PAID SICK LEAVE
(For use July 1, 2020 through December 31, 2020)

Employees may be entitled for Emergency Paid Sick Leave (EPSL) in accordance with the Families First Coronavirus Response Act (FFCRA) if they meet the specific qualifying reasons. Employees must complete this form and submit it or any questions to COVID19@WebsterCountySchools.org.

Employee Name: _____

Mailing Address: _____ E-mail: _____

Home Phone Number: _____ Alternate Phone Number: _____

Anticipated Begin Date of Leave: _____ Expected Return to Work Date: _____

EMPLOYEE REQUEST FOR LEAVE AT FULL PAY

Employees satisfying one of the three standards noted below are eligible for up to 80 hours paid sick leave at the employee's full regular compensation rate. For employees scheduled less than 40 hours per week, it is the number of hours equal to the average number of hours that the employee works over a typical two-week period. Please select the applicable reason and follow the related instructions.

I am unable to work or telework for the following reasons:

I am subject to a Federal, State, or Local quarantine or isolation order
Attach government order

I have been advised by a healthcare provider to self-quarantine because of concerns related to COVID-19
Name of health care provider: _____

I am experiencing COVID-19 symptoms and seeking a medical diagnosis.

EMPLOYEE REQUEST FOR LEAVE AT 2/3 PAY

Employees satisfying one of the three standards noted below are eligible for up to 80 hours paid sick leave at 2/3 of the employee's compensation rate. For employees scheduled less than 40 hours per week, it is the number of hours equal to the average number of hours that the employee works over a typical two-week period. Please select the applicable reason and follow the related instructions.

I am unable to work or telework for the following reasons:

I need to care for an individual subject a Federal, State, or Local quarantine or isolation order **OR** that has been advised by a healthcare provider to self-quarantine. **I represent that no other person will be providing care for the individual during the period for which I am receiving Emergency Paid Sick Leave.**

Name(s) and Relation of the Individual(s) being cared for: _____

Attach government order when applicable

Name of healthcare provider: _____

I am experiencing a substantially similar condition as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of the Treasury and Labor. *As of July 1, 2020, these conditions have not yet been identified by HHS.*

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I need to care for my child under the age 18 because my child's elementary or secondary school, childcare provider, or child's place of care is closed or is unavailable due to a public health emergency. During this period of unavailability or closure, **I represent that no other person will be providing care for my child during the period for which I am receiving Emergency Paid Sick Leave.**

Name(s) and Age(s) of Child or Children: _____

Name of closed school or place of care: _____

If the age of one or more of the children is 14 or older, the following special circumstances exist requiring me to care for the child during daylight hours:

If you are requesting 2/3 paid leave in conjunction with Expanded FMLA to care for a child under the age of 18 affected by school or care closure due to public health emergency, you must complete an Employee Request Form for EFMLA to submit with this form.

SUPPLEMENT 2/3 PAY WITH PERSONAL ACCUMULATED LEAVE

An employee on EPSL at 2/3 pay as noted above, may choose to supplement the 2/3 pay provided through EPSL with personal accumulated leave to earn full compensation. Please indicate if you would like to use your personal accumulated leave during your EPSL absence to supplement your 2/3 EPSL compensation.

_____ Yes, use my personal accumulated leave so that I can receive full pay

_____ No, do not use my personal accrued sick leave, I only want to receive 2/3 pay

EMPLOYEE CERTIFICATION AND SIGNATURE

I certify that the above information is truthful and complete. I understand that misrepresenting my need for leave is grounds for discipline, up to and including termination. I also understand that if I fail to report for work on or before the scheduled return date indicated above or fail to communicate changes in the dates/schedule with my supervisor, I may be subject to discipline in accordance with School District Policy.

Employee Signature: _____ Date: _____

FOR SCHOOL DISTRICT USE ONLY

Request Received By: _____ Date: _____

Leave Approved By: _____ Date: _____

Period of Leave: _____

Duration and Type of Supplemental Leave to Earn Full Pay Approved: _____

The School District will retain all records related to this leave request for at least 4 years for auditing purposes.