

Christian County Board of Education
Resolution to Grant Additional Emergency Leave for COVID-19 Pandemic

WHEREAS, Christian County Board of Education policies 03.1232 and 03.2232, provide full-time certified and classified employees ten (10) days of sick leave with pay each school year. Certified and classified employees with less than a full year contract receive a prorated part of authorized sick leave days calculated to the nearest ½ day; and

WHEREAS, due to the emergency conditions existing due to the COVID-19 pandemic, during the 2020-2021 school year, employees may find themselves subject to isolation and quarantine orders to mitigate the spread of COVID-19; and

WHEREAS, these orders may prevent employees from being allowed to work for periods of up to fourteen (14) calendar days, or more, depending on their diagnosis, symptoms, risk of transmitting the contagious disease, and ever-changing guidance from federal, state, and local health officials; and

WHEREAS, the Christian County Board of Education has determined that during the 2020-2021 school year additional leave may be necessary to for employees subject to isolation and quarantine orders.

NOW, THEREFORE: In response to the COVID-19 pandemic, and within the parameters of Kentucky Revised Statute 161.155, be it resolved that:

On Motion of _____, seconded by _____,
the Board hereby **RESOLVES AND ORDERS** as follows:

1. With approval by the Superintendent or Director of Personnel, emergency leave may be granted to employees on a day-by-day basis for full-time or full-year contract certified and classified employees, as needed, for the following reasons related to COVID-19 pandemic:
 - a. The employee is subject to a federal, state, or local quarantine or isolation order related to COVID-19;
 - b. The employee has been advised by a health care provider to self-quarantine because of COVID-19;
 - c. The employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis;
 - d. The employee is experiencing another 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.
2. Persons employed on a full-year contract but scheduled for less than a full workday shall receive the authorized emergency leave days equivalent to their normal working day.
3. Employees may be subject to more than one quarantine or isolation order during the 2020-2021 school year and shall submit a separate COVID-19 (Coronavirus) Emergency Leave Request for consideration for each event.

4. This Resolution is adopted in response to the current COVID-19 pandemic and shall be limited to the 2020-2021 school year.

WHEREUPON, this the ____ day of September, 2020, Board Chair Keller declared the Resolution adopted, affixed her signature and the date thereto and ordered that the same be recorded.

Linda Keller, Board Chair
Christian County Board of Education

ATTEST:

Chris Bentzel, Secretary
Christian County Board of Education



Request for Emergency Paid Sick Leave – COVID19 2020

To request emergency paid sick leave as provided under the Families First Coronavirus Response Act please complete the following request form and submit to the Personnel Department as soon as possible before leave commences. Verbal notice will be accepted until a form can be provided.

Employee Name (print clearly): _____

Department: _____

Manager: _____

Requested Leave Start Date: _____ Estimated End Date: _____

The amount of emergency paid sick leave being requested is _____ hours. I certify that I am unable to work, including telework for the following reason(s) stated below.

The reason for this emergency paid sick leave request is (check the appropriate reason below):

- ☐ 1) I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.
- ☐ 2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- ☐ 3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- ☐ 4) I am caring for an individual who is subject to either number 1 or 2 above.
- ☐ 5) I am caring for my child whose primary or secondary school or place of care has been closed, or my childcare provider is unavailable due to COVID-19 precautions.
- ☐ 6) I am experiencing another substantially similar condition specified by the secretary of health and human services.

Documentation of the reason for the leave will also be necessary, such as:

- Source of any quarantine or isolation order, OR
- Written documentation by health care provider who has advised you to self-quarantine
- Notice from school or childcare provider that childcare is unavailable due to COVID-19 (**only applicable to #5**)

Employee Signature _____ Date _____

Section Completed by Personnel Department

☐ Manager has verified that the above individual is unable to perform Telework given the nature of the position, or that there is no work available.

Personnel Rep. Signature _____ Date _____

☐ Copy provided to Payroll: (date) _____