

2021– 2022 Emergency Paid Sick Leave

Emergency Paid Sick Leave (EPSL) for vaccinated employees:

Grants employee up to 2 weeks (80 hours for full-time or equivalent for part-time employees) for fully vaccinated employees who have provided proof of vaccination to CIPS health services.

- a. Can only be used one (1) time and must be taken in consecutive days - an employee cannot take EPSL multiple times
- b. If employee is granted EPSL for one of the three reasons listed below, they will be paid 100% of their daily rate, up to \$511.
 - i. Employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19
 - ii. Employee has been advised by a health care provider to self-quarantine related to COVID-19
 - iii. Employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis (must be SEEKING medical diagnosis - not permitted for employee to think/say they have symptoms - must be tested)
 - iv. Employee is caring for a [household member](#) subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or Employee is caring for an individual subject to self-quarantine based on the advice of a health care provider
- d. Documentation for the reason the employee has requested the EPSL is necessary
 - i. Source of any quarantine or isolation order (copy of order), OR
 - ii. Written documentation by health care provider who has advised you to self-quarantine, OR
 - iii. Copy of doctor's order for COVID-19 testing as well as diagnosis results - required for approval

Work from home option:

A principal, director or other supervisor may request in writing (email) to the Human Resources Department that a vaccinated employee who has been quarantined, be permitted to work from home. The email will contain a brief description of work the employee will be completing at home.

A principal, director or other supervisor may request in writing (email) to the Human Resources Department that an unvaccinated employee who has been quarantined, be permitted to work from home. The email will contain a brief description of work the employee will be completing at home. This is a one-time benefit and may not be repeated. **This benefit expires December 1st 2021.**

Additional Information:

- » The EPSL is a one-time grant for days to an employee for COVID-19 related reasons. The 10 EPSL Days, if unused, do not accumulate for any employee. If an employee is under quarantine or an isolation order multiple times, the EPSL can only be used one time.
- » Complete the 2021-2022 Emergency Paid Sick Leave Form

Employees select a SICK day in AESOP (this triggers the need for a sub).

Only after receiving written authorization from Human Resources, Secretary will change sick leave to EPSL (emergency paid sick leave) or WFH (work from home) in AESOP to ensure proper coding.

2021-2022 Request for Emergency Paid Sick Leave (EPSL) - COVID-19

Name (Please print): _____ Location: _____

To request emergency paid sick leave complete the following request form and submit to the Human Resources Department as soon as possible before leave commences. Verbal notice will be accepted and an HR representative will complete this form until the form can be provided/signed by the employee. Please note that EPSL authorized two (2) weeks of paid leave with limits per Board Policy, subject to an eighty (80) hour "cap". The EPSL is a one-time grant and does not accumulate if unused.

Requested Leave Start Date: _____ Estimated End Date: _____

****Days must be taken consecutively ****

The reason for this Emergency Paid Sick Leave request is (check only 1- 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 related to COVID-19
- ☐ 3.) I am experiencing COVID-19 symptoms and I am seeking a medical diagnosis
- ☐ 4.) I am caring for a [household member](#) subject to an order described in (1) or self-quarantine described in (2)
- ☐ 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

Documentation of the reason for the leave will also be necessary:

- Source of any quarantine or isolation order (copy of order), OR
- Written documentation by health care provider who has advised you to self-quarantine; OR
- Copy of doctor's order for COVID-19 testing as well as diagnosis results - required for approval
- **Child Care Provider Certification of Unavailability Due to COVID-19 Notice** from school or childcare provider that childcare is unavailable due to COVID-19 (only **applicable to #5**)

I verify my inability to work (both in-person or work from home) for the above reason for the duration of the leave.

Employee's Signature: _____ Date: _____