

Montana School for the Deaf and the Blind

COVID-19 Emergency Measures

1910

Personnel Use of Leave

Montana School for the Deaf and the Blind has adopted the protocols outlined in this policy to govern during the term of the declared public health emergency to inform Montana School for the Deaf and the Blind staff about leave options. The superintendent or designated personnel are authorized to implement this policy.

Montana School for the Deaf and the Blind Leave

Montana School for the Deaf and the Blind staff may utilize accumulated leave granted in accordance with Montana law, Montana School for the Deaf and the Blind policy, a Collective Bargaining Agreement, or applicable Memorandum of Understanding through the regular procedures governing the type of leave requested.

Federal Law Controls Federal Leave Provisions

The Board of Public Education has adopted this policy and related forms on the referenced date based on the law and available federal and state guidance as of the date of such adoption. Federal and state guidance can change following adoption of this policy and forms. To the extent that any subsequently adopted guidance or federal regulation or other controlling interpretation of the law results in a conflict between such guidance, regulation or controlling interpretation and this policy or forms, the provisions of the guidance, regulation or controlling interpretation controls to the extent of any such conflict. Montana School for the Deaf and the Blind shall take reasonable steps to ensure that staff are notified of any change in guidance or federal regulation or other controlling interpretation of the law that creates a conflict with any provision of this policy of forms.

Duration of Paid Sick Leave

For the purposes of this policy, if any federal or state leave becomes available to MSDB employees; this policy will be suspended until that leave is no longer available.

The paid sick leave will not be paid for using MSDBs state general budget. The funding will come from ESSER III money provided to the district. This policy will be suspended when that money has been depleted.

Emergency Paid Sick Leave

Employees may be eligible for one week of paid sick leave capped at 40 hours. In order to be eligible for the 40 hours of paid sick leave, employees must not have used more than 40 hours from the Families First Coronavirus Response Act (FFCRA). If an employee did not use 40 or more hours, they are eligible for any remaining hours up to the 40 hours capped by this policy.

Employees may be eligible for paid sick leave at the employee's regular rate of pay when the employee is unable to work because the employee has been placed into isolation as a result of receiving a positive COVID-19 test.

Employees may be eligible for paid sick leave at 2/3 the employee's regular rate of pay when the employee is unable to work because the employee has been quarantined in accordance with a Federal, State, or local government order or advice of a healthcare provider, and/or experiencing COVID-19 symptoms and seeking a medical diagnosis.

Employees may be eligible for paid sick leave at 2/3 the employee's regular rate of pay when the employee is unable to work because of a bona fide need to care for an individual subject to isolation and/or quarantine in accordance with a Federal, State, or local government order or advice of a healthcare provider, or to care for a child under 18 years of age whose school or child care provider is closed or unavailable for reasons related to COVID-19.

Once the employee uses all 40 hours of paid leave, FFCRA and Emergency Paid Sick Leave combined, the staff are no longer eligible for paid sick leave under this policy.

Eligible employees may request leave available by completing Policy 1910F1 – Emergency Paid Sick Leave

Cross Reference: Policy 1910F1 – Emergency Paid Sick Leave Form
 Policy 1910F2 – Emergency Family Medical Leave Form
 Policy 1909 – Human Resources and Personnel

Policy History:

Adopted on: 11/28/21

Reviewed on:

Revised on:

Terminated on:

**MONTANA SCHOOL FOR THE DEAF AND THE BLIND - EMPLOYEE REQUEST FORM
EMERGENCY PAID SICK LEAVE**

Employees may be entitled to Emergency Paid Sick Leave if the employee satisfies eligibility standards. Employees can complete this form and submit it or any questions to the Superintendent.

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 the standards noted below are eligible for up to 40 hours paid at the employee's full regular compensation rate. For a part-time employee it is the number of hours equal to the average number of hours that the employee works over a typical two-week period. Please follow the related instructions.

- I have not previously used more than 40 hours of the Families First Coronavirus Response Act (FFCRA).

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

- I am isolated due to a positive COVID-19 exam.

Please attach the applicable government order or documentation from the medical provider corresponding to the item.

EMPLOYEE REQUEST FOR LEAVE AT 2/3 PAY

Employees satisfying the standards noted below are eligible for 40 hours pay at 2/3 of the employee's regular compensation rate. For a part-time employee it is the number of hours equal to the average number of hours that the employee works over a typical two-week period.

- I have not previously used more than 40 hours of the Families First Coronavirus Response Act (FFCRA).

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

- I am subject to quarantine pursuant to Federal, State, or local government order or advice of a healthcare provider.
- I need to care for an individual subject to quarantine pursuant to Federal, State, or local government order or advice of a healthcare provider. 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) of the individual(s) being cared for: _____

Please attach the applicable government order or documentation from the medical provider corresponding to the item selected.

Section Continued from previous page

- I need to care for my child under age 18 because my child's elementary or secondary school, childcare provider, or child's place of care has been 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: _____

If the age of one or more of the child is between 14 and 18, the following special circumstances exist requiring me to care for the child during daylight hours: _____

Please attach notice or documentation related to the unavailability of the school, daycare, place of care or person providing care to the child. The School District reserves the right to request confirmation regarding the nature of the closure or unavailability.

SUPPLEMENT 2/3 PAY WITH ACCRUED DISTRICT LEAVE

An employee on Emergency Paid Sick Leave at 2/3 pay as noted above, may choose to supplement the 2/3 pay provided through Emergency Paid Sick Leave with accrued District leave to earn full compensation. Please indicate if you would like to use paid leave during your Emergency Paid Sick Leave absence to supplement your 2/3 Emergency Paid Sick Leave compensation. Requested leave is subject to availability based on confirmation by the School District.

• Vacation: _____ Hours • Sick Leave: _____ Hours • Personal: _____ Hours

EMPLOYEE CERTIFICATION AND SIGNATURE

I certify that the above information is accurate and complete. I 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 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 Fully Pay Approved: _____

Previous Hours of FFCRA and/or EPSL _____

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