

Monroe City Schools' Extended COVID-19 Related Leave

Effective January 4, 2021-June 30, 2021 (Unless Otherwise Revised)

The Monroe City School Board will provide employees with up to 5 days of *Extended COVID-19*Leave (ECL) when an employee has exhausted the 10 days of emergency paid sick leave previously provided by the *Families First Coronavirus Response Act* (FFCRA), the *Consolidated Appropriations Act* (CAA2021), <u>AND</u> when any of the circumstances occur as defined below:

- Five (5) days of additional paid COVID-19 Related Sick Leave will be granted when the employee is unable to work because the employee is quarantined (pursuant to Federal, State, or Local government order or advice of a health care provider) due to being identified as a close contact to a confirmed positive case <a href="white-
- The employee is experiencing COVID-19 symptoms and seeking a medical diagnosis or has tested positive for COVID-19.
- Extended COVID-19 leave does not apply to an employee remaining off work to care for a quarantined minor child.

Monroe City Schools' Extended COVID-19 Leave does not carryover from one year to the next. Employees are not entitled to reimbursement for unused leave upon termination, resignation, retirement, or other separation from employment.

EXTENDED COVID LEAVE WILL REMAIN IN EFFECT ONLY AS LONG AS FFCRA GUIDELINES REMAIN IN EFFECT OR OTHERWISE CHANGED BY ORDER OF THE MONROE CITY SCHOOL BOARD.

Submit this leave request to the Human Resources Department **immediately upon returning to work.**



REQUEST FOR EXTENDED COVID-19 RELATED LEAVE*

(*For Employees Who Have Exhausted Emergency Paid Sick Leave Provided by FFCRA & CAA2021)

The information contained in this document is exempt from the Public Record Laws of the State of Louisiana.

Directions: Return completed, signed form to the Human Resources Department, Attn: Whitney Martin, immediately upon return to work.

Employee Name:			_ Employee Number:		
Position:	School School	School or Department:			
Phone:	Email <i>A</i>	Email Address:			
Mailing Address:_					
	Street Address/P.O. Box	City	State	Zip	
Leave Start Date:_	Leave	Leave End Date:		Total Work Days:	
Initial the approp COVID-19 Relate	oriate request option below ed Leave	according to the qua	alifying reason for E	XTENDED	
19 and am a	ing up to 5 additional paid dattaching my test result. (If Cor symptoms)				
-	ing up to 5 days of additiona a a confirmed positive Covid- aployee.	-			
I authorize the rele Department.	ease of my medical information	on to Monroe City Sc	hools' Human Resou	rces	
Employee Signate	ure:		Date:		
Principal/					
Supervisor Signa	ture:		Date:		
(Required)					