

Board Policy 428
Adopted: March 23, 2020

Utilization of Paid Leave During a Public Health Emergency

Conditions may occur where a disease, such as influenza, respiratory illness or other contagious disease, has been declared by the World Health Organization (WHO), Centers for Disease Control (CDC), and/or Minnesota Department of Health (MDH) to be a public health emergency, indicating widespread human infection. When one or more of the above declarations have been enacted, the Superintendent with Board approval shall have discretion to declare this policy as active.

If the School Board declares this policy to be active, exceptions to the collectively bargained paid leave benefits and related agency policies would be permitted to the benefit of employees, as follows:

- An employee who has exhausted all paid leave would be allowed to receive an advance of the equivalent of up to 10 days of paid sick leave (up to a maximum of 80 hours, unless a greater amount is approved at the discretion of the Superintendent for absence from work due to infection of the public health emergency; and
- An employee may use any available paid leave, in the event where an immediate family member's school or place of care has been closed due to public health emergency and their presence is required to provide care for the immediate family member

For the purpose of this policy, pursuant to Minnesota State Statute 181.9413, immediate family member is defined as the employee's spouse, child (including adult child, stepchild, biological, adopted and foster), grandchild, sibling, parent, mother-in-law, father-in-law, grandparent or stepparent.

All other provisions of the collective bargaining agreements remain intact, including but not limited to those pertaining to paid leave benefits.

Scope

This policy applies to all regular full-time and regular part-time employees eligible to earn and use paid sick and vacation leave and is only in effect upon declaration by the School Board and will remain in effect until the School Board declares it to be inactive. In making the decisions to invoke and end this policy, the School Board will consult with the Directors of Public Health, Human Services and Human Resources.

Responsibilities

Employees will receive a copy of this policy at the time that a declaration is made by the School Board that the policy is being activated. Supervisors will be asked to discuss the policy with their employees. All policy requests must be submitted to the Superintendent.

Background

Among prevention strategies associated with influenza and respiratory illnesses, some of the best ways to prevent infection is to avoid being exposed to the virus that causes it. The Minnesota Department of Health strongly encourages people to stay home if they are feeling sick, especially if they are experiencing influenza-like or respiratory symptoms associated with widespread transmission.

Unique circumstances may exist during a declared public health emergency that collectively bargained agreements and policies do not provide adequate guidance. An example of this may be an immediate family member's school or care provider being closed due to a declared public health emergency.

Procedures

The equivalent of up to 10 days of paid sick leave will be advanced to employees who meet the criteria below. The actual number of sick leave hours advanced will be based on the employee's usual work schedule exclusive of overtime and may not exceed 80 hours, unless a higher level is approved by the Superintendent.

- The School Board has declared activation of this policy consistent with a public health emergency declaration by the World Health Organization, Centers for Disease Control and/or by the Minnesota Department of Health; and
- Employee has an immediate family member affected as a result when a school or place of care has been closed due to public health emergency and their presence is required to provide care for the family member; or
- Employee is experiencing symptoms consistent with the public health emergency, or is caring for an immediate family member experiencing these symptoms; and
- Employee is within the time period the School Board has declared this policy to be active; and
- Employee has exhausted all of his/her accumulated sick leave, vacation leave, personal leave and compensatory time; and
- Employee has not already received the maximum accrual advance allowed under this policy; and
- Employee has requested the advance of sick leave hours in writing using the attached form.

In the event the employee separates from the District before the advanced hours have been repaid, the District will deduct the value of the remaining hours (number of hours owed times the employee's hourly rate of pay at separation) from the employee's last paycheck. The employee will be required to sign an Authorization allowing the deduction from their final check prior to advancing any leave. By signing below the employee understands and is explicitly authorization deduction for this purpose from their final paycheck. If an employee does not sign the appropriate Authorization, the employee will not be allowed to participate in advancement of leave hours.

March 17, 2020

Request for Sick Leave Advance during a Declared Public Health Emergency –

Name: _____ Unit: _____

Date of Request: _____ Regularly Scheduled Hours Per Week: _____

I am requesting an advance of sick leave hours because:

- I am experiencing symptoms consistent with the declared public health emergency, or am needed to care for an immediate family member experiencing these symptoms; *and*,
- I am within the period the _____ Personnel Committee has declared this policy to be active; *and*
- I have exhausted all of my accumulated sick leave, vacation leave, personal leave and compensatory time; *and*
- I have not already received the maximum advance hours based on my regular work schedule.

The number of sick leave hours I am requesting is a maximum of 40 hours per week

The number of sick leave hours I am requesting is a maximum of 32-39 hours per week, based on my regularly scheduled hours per week

The number of sick leave hours I am requesting is less than a maximum of 31 hours per week, based on my regularly scheduled hours per week

I am requesting to use advance sick leave for the following days: (*maximum 10 days*)

Date:	Hours:	Date:	Hours:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I agree that the actual number of hours within the maximum specified above will be limited to the actual number of hours needed for this purpose and that they may not be accumulated or used for any other purpose.

I agree that if sick leave hours are advanced to me, the equivalent number of hours I used will be deducted from future accruals and that I will not have new accrued hours added to my sick leave balance until the advanced hours have been fully paid back.

I agree that if I separate from _____ employment before the advanced hours are fully paid back, the agency will deduct the value of those hours (number of hours owed times my hourly rate of pay at separation) from my last pay check.

Employee's Signature: _____ Date: _____

APPROVAL:

Executive Director or Designee: Approved Denied-Reason: _____

**Request for Sick Leave Advance during a Declared
Public Health Emergency –**

AUTHORIZATION TO DEDUCT FROM WAGES

I, _____, hereby authorize to deduct from my wages for my final pay period any amounts that I have advanced under the "Utilization of Paid Leave During a Public Health Emergency" policy at _____. I authorize deduction of all advanced hours from my remaining pay (number of hours owed times my hourly rate of pay at separation) as of my last date of employment. If balances remain thereafter, I agree to remit full payment to _____ within 15 days of my final pay period.

I am authorizing this voluntary deduction as specified in Minnesota Statutes §181.79. I further agree that, in the event my employment shall terminate, either voluntarily or involuntarily, prior to the full repayment of the total amount set forth above, _____ may withhold the remaining amount owed from my final pay, except to the extent prohibited by federal or state minimum wage law. I represent that this authorization is executed voluntarily and has not been made as a condition of my continued employment.

Date: _____

APPROVAL:

Executive Director or Designee: Approved Denied-Reason: _____