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wrvsu.org

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Information Regarding Returning to the Workplace for Staff Members

This will serve as a general overview for staff regarding returning back to the workplace/school during this COVID pandemic. More information will be forthcoming. Please be sure to check your school issued email for updates.

Preparations are well underway towards safely opening schools for in-person instruction, in accordance with the directives from the Governor and the Agency of Education. The Supervisory Union developed an SU wide COVID Task Force who has been working diligently for a safe return to school for all students and staff.

The exemptions for vulnerable health conditions that were in place during school closure have expired.

Staff who may have a serious underlying medical condition and may be at higher risk for severe illness from COVID should consult their health care professional. Serious underlying medical conditions do not automatically qualify an employee for leave. Employees may be eligible for Family & Medical Leave Act (FMLA), Vermont Parent & Family Leave (VPFLL), or American with Disabilities Act (ADA). Please be in direct contact with Human Resources if you wish to pursue these leave or accommodation options.

Families First Coronavirus Response Act (FFCRA), which includes Emergency Paid Leave Act (EPLA) and Emergency Family and Medical Leave Expansion Act (EFMLEA), provides for paid leave for specific reasons related to COVID-19. This paid leave does **not** count against an employee's contract leave. Generally, under the Act, employers must provide:

- *Two weeks (up to 80 hours for full time) of **paid sick leave** at the employee's regular rate of pay where 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), and/o experiencing COVID-19 symptoms and seeking a medical diagnosis; or*
- *Two weeks (up to 80 hours for full time) of **paid sick leave** at two-thirds the employee's regular rate of pay because the employee is unable to work because of a bona fide need to care for an individual subject to quarantine (pursuant to Federal, State, or local government order or advice of a health care provider), or 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, and/or the employee is experiencing a substantially similar condition as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of the Treasury and Labor; additionally*
- *Up to an additional 10 weeks of **paid expanded family and medical leave** at two-thirds the employee's regular rate of pay where an employee is unable to work due to a bona fide need for leave to care for a child whose school or child care provider is closed or unavailable for reasons related to COVID-19.*

All employees will be expected to report to the workplace. Virtual Instruction for all employees was a one-time special exemption during State mandated school closure.

Serving the Schools and Communities of
Bethel - Chelsea - Granville - Hancock - Rochester - Royalton - Sharon - Stockbridge - Strafford - Tunbridge

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Please contact Human Resources with any questions you may have.

Thank you and stay safe.

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To request emergency paid sick leave as provided under the Families First Coronavirus Response Act, please complete the following request form and submit it to Human Resources as soon as possible before leave commences.

Documentation supporting the need for leave must be included with this request.

Employee Name (print clearly): _____

School District: _____

Requested Leave Start Date: _____ End Date: _____

The amount of emergency paid leave being requested is _____ hours.

I wish to take intermittent leave for reason # 5 below, during the following days and hours:

Monday	Tuesday	Wednesday	Thursday	Friday

I am requesting this emergency paid sick leave due to my inability to work (or telework) because (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; and,

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I attest that no other suitable person is available to care for my child during the requested period of leave.

I attest that special circumstances exist requiring my need for leave to care for a child ages 15-17.

6.) I am experiencing another substantially similar condition specified by the secretary of health and human services.

I have attached documentation supporting my need for leave.

Employee Signature

Date: _____

Employee Statement Supporting Leave

I, _____, provide the following information in support of my request for emergency paid sick leave (complete all that apply):

Leave due to a government-issued quarantine or isolation order

Name of the issuing government agency for the quarantine or isolation order

Effective dates of the order: _____

Leave due to health care provider's advice to self-quarantine

Name of health care provider advising me or the individual I am caring for to self-quarantine:

Written documentation is available and attached: Yes No

Name and relation of the individual who I am needed to care for:

Name: _____ Relation: _____

Leave due to a school or place of child care closed due to COVID-19

Name of school or place of care:

Name of child caregiver unavailable due to concerns related to COVID-19:

Name and age of child or children I am needed to care for:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

No other suitable person is available to care for my child for the requested leave period due to:

The special circumstances requiring my need for leave to care for a child ages 15-17 are:

Leave due to a substantially similar condition specified by the secretary of health and human services

Provide details regarding the need for this leave:

I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

Employee Signature: _____ Date: _____