



# POWELL

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## HIGH SCHOOL

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ESTABLISHED 1916

*I have been struck with something related to COVID-19 and I am going to have to miss some work. What do I do?*

*If you are missing work because you have been ordered to quarantine, isolate, or you are awaiting test results then follow these steps:*

1. If you are able you may teach your classes virtually. Email Dr. Smith telling him of your plan to teach remotely.
  - a. Once approved to work remotely, email Mrs. Dye so that a sub-request can be made via AESOP to watch your class in person while you teach remotely
2. If you are sick or do not feel like teaching remotely, then you place a sub-request into AESOP using sick days. You will then complete the paperwork to use FFCRA days and once processed by KCS HR they will make the return of the sick days to your original allotment.

*If you are missing work because you are caring for someone under a quarantine order, or for a child whose place of childcare or school has closed, etc.....*

1. You may not work remotely per KCS, but you may be eligible to use FFCRA
  - a. Enter the absence into AESOP as a sick day. You will then complete the paperwork to use FFCRA days and once processed by KCS HR they will make the return of the sick days to your original allotment.
  - b. Email the details and updates of the quarantine order to Dr. Smith and Mrs. Dye.

*I just do not feel well but I do not plan on getting a COVID test*

1. Enter absence into AESOP as a normal sick day
  - a. Should you end up taking a COVID test please refer to the aforementioned procedures

# EMPLOYEE RIGHTS

## PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

The **Families First Coronavirus Response Act (FFCRA or Act)** requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

### ► PAID LEAVE ENTITLEMENTS

**Generally, employers covered under the Act must provide employees:**

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,110 total;
- ⅔ for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at ⅓ for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

### ► ELIGIBLE EMPLOYEES

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). *Employees who have been employed for at least 30 days prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.*

### ► QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to **telework**, because the employee:

- |   |   |
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| <ol style="list-style-type: none"><li>1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;</li><li>2. has been advised by a health care provider to self-quarantine related to COVID-19;</li><li>3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;</li><li>4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);</li></ol> | <ol style="list-style-type: none"><li>5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or</li><li>6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.</li></ol> |
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### ► ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.



**WAGE AND HOUR DIVISION**  
UNITED STATES DEPARTMENT OF LABOR

For additional information  
or to file a complaint:

**1-866-487-9243**

TTY: 1-877-889-5627

[dol.gov/agencies/whd](https://dol.gov/agencies/whd)





COVID-19 FAMILIES FIRST LEAVE REQUEST FORM
HUMAN RESOURCES OFFICE

EMPLOYEE NAME: \_\_\_\_\_ EMPLOYEE NUMBER: \_\_\_\_\_

POSITION: \_\_\_\_\_ SCHOOL/LOCATION: \_\_\_\_\_

By requesting leave under the Families First Coronavirus Response Act, I certify that I am unable to work, including unable to telework (work from home) for the following reason:

Form with 6 numbered options for leave reasons, each with a checkbox and a text field for details. Option 1: subject to quarantine. Option 2: advised to self-quarantine. Option 3: experiencing symptoms. Option 4: caring for someone in quarantine. Option 5: caring for child with closed school. Option 6: other substantially-similar condition.

I understand that if I qualify for leave under

- Reasons 1-3, this entitles me to an additional two weeks of paid sick leave paid at the higher of either my regular rate of pay or Federal minimum wage, limited to no more than \$511 daily.
Reasons 4 or 6, this entitles me to an additional two weeks of paid sick leave paid at the higher of either 2/3 of regular rate of pay or Federal minimum wage, limited to no more than \$200 daily.
Reason 5, this entitles me to an additional two weeks of paid sick leave at the higher of either 2/3 of regular rate of pay or Federal minimum wage limited to no more than \$200 daily. If I have been employed for at least 30 days prior to this leave request, I may be eligible for up to an additional 10 weeks of family medical leave under the same partial (2/3) rate of pay.

Employee Signature

Date

Contact: Knox County Schools Human Resources Department
P.O. Box 2188 Knoxville, TN
37901-2188 or Fax: 594-3758