July 7, 2020

TO: All PCS Employees

FROM: Mark R. Jones, Division Superintendent
Steven D. Mayhew, Assistant Superintendent for Administration

SUBJECT: Personnel Guidelines for the Reopening of Schools for the 2020-2021 School Year

The health and safety of Pittsylvania County Schools’ employees is important to us. Toward that end, we have taken steps and will continue to take necessary steps to minimize potential risks associated with the current COVID-19 pandemic. Federal and State guidelines continue to evolve, and we will continue our efforts to maintain up-to-date policies and procedures. However, the scope and course of the virus is uncertain, and it is impossible to eliminate all risk. Division staff have collaborated with the Virginia Department of Health (VDH) to plan and implement appropriate procedures that are in compliance with current guidelines from the Centers of Disease Control and Prevention (CDC) and the Virginia Department of Education (VDOE). In the event that the Virginia Department of Labor and Industry issues new regulations or standards for the workplace, Pittsylvania County Schools will take the necessary steps to comply in an effort to provide a workplace that remains as safe as reasonably practical when it comes to mitigating the transmission of the virus. Pittsylvania County Schools is an educational institution first and foremost. Therefore, the desire of the school division is to work toward opening schools in the most traditional format that is safely possible. In fact, recently the American Academy of Pediatrics recommended that students be “physically present in schools” as much as possible. Therefore, as we plan for school reopening in the Fall, this memorandum will be utilized as guidance for personnel matters.

General Information

- Employees will be expected to work and/or return to work under the provisions of their respective contract/salary agreement for the 2020-2021 school year.
- Employees should continue to take appropriate precautions based on current CDC and VDH guidelines which include but are not limited to the following: practicing social distancing, implementing proper hand washing, wearing face masks/coverings, and monitoring symptoms appropriately.
- Employees who report to work and are symptomatic, or who begin to show symptoms during the workday, will be sent home and appropriate leave procedures will apply.
- An employee who develops symptoms associated with COVID-19, who tests positive for COVID-19, or who has been exposed to someone who is known to be positive for COVID-19 within the past 14 days, must timely report these facts to his/her principal/supervisor and not come to work until authorized to do so. “To be exposed” refers to any person who lives in the same household with the employee or anyone else with whom the employee has had close contact (within six feet for at least 15 minutes in the past 14 days).
• Requests for reasonable accommodations under the Americans with Disabilities Act (ADA) will be reviewed and processed accordingly.

• Requests for employee leave will be reviewed in accordance with School Board Policy and the Family First Coronavirus Response Act (FFCRA) for employees. The FFCRA is effective from April 1, 2020, through December 31, 2020. Leave entitlements under the provisions of the FFCRA are in addition to any job-protected leave entitlements (i.e., sick leave, personal leave, annual leave, or leave without pay). For more information, please see the attached documents relative to requests for leave under the FFCRA.

• The school division will endeavor to take actions in terms of responding to COVID-19 exposure/infection based on the recommendations of the VDH and current CDC guidelines. As safety precautions and guidance change, employees are expected to comply with all such changes.

We hope that you and your families continue to be safe and well. We are looking forward to the reopening of school as we continue to finalize plans. Please contact your principal/supervisor regarding any questions. If additional guidance is needed, please contact the Human Resources Department.

Attachments
PCS Request for Leave Pursuant to Families First Coronavirus Response Act (FFCRA) Guidelines

The Families First Coronavirus Response Act (FFCRA) provides eligible employees paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions apply from April 1, 2020, through December 31, 2020.

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:

1. Is subject to a Federal, State or local quarantine or isolation order related to COVID-19;
2. Has been advised by a health care provider to self-quarantine related to COVID-19;
3. Is experiencing COVID-19 symptoms and is seeking medical diagnosis;
4. Is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
5. Is caring for his/her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or
6. Is experiencing any other substantially-similar condition specified by the U.S. Department of Health & Human Services.

Duration of Leave
- For above reasons (1)-(4) and (6): An employee is eligible for up to 80 hours of paid leave.
- For above reason (5): An employee who has been employed for 30 days is eligible for up to 12 weeks of leave. The first two weeks of such leave are unpaid, but an employee may use accrued paid leave during that two week period.

Calculation of Pay
- For above leave reasons (1), (2), or (3): Employees taking leave shall be paid at either their regular rate or the applicable minimum wage, whichever is higher up to $511 per day.
- For above leave reasons (4), (5), or (6): Employees taking leave shall be paid at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher, up to $200 per day.

Please complete the back of the form in its entirety, provide the requested documentation if applicable, and submit to your principal/supervisor. The principal/supervisor should submit this form to the Human Resources Department.

Updated 7/7/2020
Employee Name: _________________________________ Employee ID: ________________

Requested Dates of Leave: ______________________________________________________

Please check the Qualifying Reason that is applicable:

_____ Employee is subject to a Federal, State or local quarantine or isolation order related to COVID-19. Please provide name of the government entity that has issued the quarantine or isolation order.

_____________________________________________________________________________

_____ Employee has been advised by health care provider to quarantine due to concerns related to COVID-19. Please provide name and contact information of the health care provider making the quarantine recommendation, the date of the provider’s advice, and a doctor’s note.

_____________________________________________________________________________

_____ Employee is experiencing symptoms of COVID-19 and seeking a diagnosis. Please provide name and contact information of the health care provider making the quarantine recommendation, the date of the recommendation, and a doctor’s note.

_____________________________________________________________________________

_____ Employee is caring for an individual who is subject to a quarantine order or has been advised as above. Please provide the name of the individual and the relation.

_____________________________________________________________________________

_____ Employee is caring for a son or daughter if the school/daycare has closed or is unavailable due to COVID-19. Please provide name and age of child/children and the school, place of care, or child care provider that is closed due to COVID-19. If the child/children is over the age of 14, please provide the special circumstances that exist requiring you to provide care.

_____________________________________________________________________________

Do you represent that no other suitable individual is available to care for your child/children during the requested period of leave?

______ YES _______ NO

_____ Employee is experiencing any other substantially-similar condition specified by the U.S. Department of Health & Human Services.

By signing below, I attest that I am unable to work (including telework) for the requested dates due to the selected reason.

____________________________________________  ________________________
Employee Signature                          Date

By signature below, I have reviewed this request.

____________________________________________  ________________________
Principal/Supervisor Signature               Date

------------------------------------------------FOR HUMAN RESOURCES DEPARTMENT COMPLETION------------------------------------------------
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 ⅔ 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:

| 1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19; | 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 |
| 2. has been advised by a health care provider to self-quarantine related to COVID-19; | 6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services. |
| 3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis; | |
| 4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2); | |

▶ 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.

For additional information or to file a complaint: 1-866-487-9243
TTY: 1-877-889-5627
dol.gov/agencies/whd