

**NORTH BOLIVAR CONSOLIDATED SCHOOL DISTRICT**

# **COVID19**

## **PROTOCOL BOOKLET**



**NORTH BOLIVAR CONSOLIDATED SCHOOL DISTRICT**

**MAURICE SMITH, SUPERINTENDENT**

204 NORTH EDWARDS, MOUND BAYOU, MS 38762

662-339-3781

[WWW.NBCSD.K12.MS.US](http://WWW.NBCSD.K12.MS.US)

[MEDIA@NBCSD.K12.MS.US](mailto:MEDIA@NBCSD.K12.MS.US)

**North Bolivar Consolidated School District**  
**Covid-19 Protocol Booklet**  
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# HUMAN RESOURCES PROTOCOL

**NORTH BOLIVAR CONSOLIDATED SCHOOL DISTRICT**  
**HUMAN RESOURCES DEPARTMENT CORONAVIRUS PROTOCOL**

The following guidelines are being established as a means of explaining to employees what must happen in the event they or family members are exposed to the Coronavirus or exhibiting symptoms due to the Coronavirus (Covid-19). This is not an exhaustive list of guidelines, and may be changed or updated as the need arises or as we get new information or guidelines from the Center for Disease (CDC), Mississippi Department of Health, and/or the Mississippi Department of Education.

**SICK**

**What If an Employee is Sick?**

- If an employee is experiencing symptoms of Covid-19 (fever, cough, or other symptoms), they must stay home and contact their medical provider.
- The employee must also contact their immediate supervisor and let them know that they are ill and will not be in.
- The immediate supervisor will contact the Department of Human Resources, the Superintendent, and Business Office (Business Manager/Payroll Clerk) and inform them of the employee's absence due to possible Covid-19.
- If the employee is a classified employee, the Director of Human Resources will draft a Notice of Potential Exposure to Covid-19 Letter (signed by Human Resources Director and Superintendent) for submission to the employee explaining that they must submit a medical statement showing proof of testing. (A copy of this letter will also be given to the Payroll Office.)
- After receipt of the medical statement showing proof of testing and the FFCRA Leave Request Form, the Director of Human Resources will submit a second letter explaining that the employee is entitled to federal paid leave coming under the Families First Coronavirus Response Act (FFCRA).
  - o FFCRA 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 are in effect from April 1, 2020 through December 31, 2020.
  - o Generally, employers covered under the FFCRA must provide employees up to two weeks (80 hours or a part-time employee's two-week equivalent) of paid 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 through #3 below, up to \$511 daily and \$5,110 total;
    - 2/3 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 2/3 for qualifying reason #5 below for up to \$200 daily and \$12,000 total.
- An employee is entitled to take paid leave specified under the FFCRA if the employee is unable to work, including telework (work remotely), because the employee:
  - Is subject to a federal, state, or local quarantine or isolation order related to the Covid-19;
  - Has been advised by a health care provider to self-quarantine related to Covid-19;
  - Is caring for an individual subject to an order described in the first bullet above, or self-quarantine described in the second bullet above;
  - Is caring for his or her child whose school or place of care is closed (or childcare provider is unavailable) due to Covid-19 related reasons; or
  - Is experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services.
- o The employee will be required to complete a FFCRA Leave Form. (Copy of form attached.) This form will be included with the Notice of Potential Exposure to Covid-19 Letter sent to the employee. It must be turned into the Department of Human Resources along with the medical statement showing proof of testing.
- o Once the above documents have been received, the Department of Human Resources will send a follow-up letter to the employee.
- If the employee is certified employee, the Director of Human Resources will draft an Authorization to Work from Home Letter (signed by Human Resources Director and Superintendent) for submission to the employee. (A copy of the letter will be given to the Payroll Office.)
- The Director of Human Resources will also submit to the certified employee a Weekly Work at Home Time Report for completion. This report will be due to the employee's immediate supervisor, along with the employee's time sheet for that week. (Copy of Weekly Work at Home Time Report attached.)
- After receipt of the medical statement showing proof of testing, the Director of Human Resources will submit a second letter explaining that the employee is entitled to federal paid leave coming under the Families First Coronavirus Response Act (FFCRA).
  - o FFCRA 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 are in effect from April 1, 2020 through December 31, 2020.
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  - Has been advised by a health care provider to self-quarantine related to Covid-19;
  - Is caring for an individual subject to an order described in the first bullet above, or self-quarantine described in the second bullet above;
  - Is caring for his or her child whose school or place of care is closed (or childcare provider is unavailable) due to Covid-19 related reasons; or
  - Is experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services.
- The employee will be required to complete a FFCRA Leave Form. (Copy of form attached.) This form will be included with the Notice of Potential Exposure to Covid-19 Letter sent to the employee. It must be turned into the Department of Human Resources along with the medical statement showing proof of testing.

## **TESTED POSITIVE**

### **What if an Employee Has Tested Positive for Covid-19?**

- If an employee has tested positive for Covid-19, then they are required to stay at home and contact their immediate supervisor and let them know they have tested positive for Covid-19.
- The immediate supervisor will contact the Department of Human Resources, the Superintendent, and Business Office (Business Manager/Payroll Clerk) and inform them of the employee's absence due to possible Covid-19.
- If the employee is a classified employee, the Director of Human Resources will draft a Notice of Testing Positive for Covid-19 Letter (signed by Human Resources Director and Superintendent) for submission to the employee explaining that they must submit a medical statement showing proof of testing. (A copy of this letter will also be given to the Payroll Office.)

- After receipt of the medical statement showing proof of testing, the Director of Human Resources will submit a second letter explaining that the employee is entitled to federal paid leave coming under the Families First Coronavirus Response Act (FFCRA).
  - o FFCRA 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 are in effect from April 1, 2020 through December 31, 2020.
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      - Is subject to a federal, state, or local quarantine or isolation order related to the Covid-19;
      - Has been advised by a health care provider to self-quarantine related to Covid-19;
      - Is caring for an individual subject to an order described in the first bullet above, or self-quarantine described in the second bullet above;
      - Is caring for his or her child whose school or place of care is closed (or childcare provider is unavailable) due to Covid-19 related reasons; or
      - Is experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services.
  - o The employee will be required to complete a FFCRA Leave Form. (Copy of form attached.) This form will be included with the Notice of Testing Positive for Covid-19 Letter sent to the employee. It must be turned into the Department of Human Resources along with the medical statement showing proof of testing.
  - o Once the above documents have been received, the Department of Human Resources will send a follow-up letter to the employee.
- If the employee is certified employee, the Director of Human Resources will draft an Authorization to Work from Home Letter (signed by Human Resources Director and Superintendent) for submission to the employee. (A copy of the letter will be given to the Payroll Office.)

- The Director of Human Resources will also submit to the certified employee a Weekly Work at Home Time Report for completion. This report will be due to the employee's immediate supervisor, along with the employee's time sheet for that week. (Copy of Weekly Work at Home Time Report attached.)
- After receipt of the medical statement showing proof of testing, the Director of Human Resources will submit a second letter explaining that the employee is entitled to federal paid leave coming under the Families First Coronavirus Response Act (FFCRA).
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      - Has been advised by a health care provider to self-quarantine related to Covid-19;
      - Is caring for an individual subject to an order described in the first bullet above, or self-quarantine described in the second bullet above;
      - Is caring for his or her child whose school or place of care is closed (or childcare provider is unavailable) due to Covid-19 related reasons; or
      - Is experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services.
  - o The employee will be required to complete a FFCRA Leave Form. (Copy of form attached.) This form will be included with the Notice of Testing Positive for Covid-19 Letter sent to the employee. It must be turned into the Department of Human Resources along with the medical statement showing proof of testing.

## **CLOSE CONTACT (POTENTIAL EXPOSURE)**

### **What If an Employee Has Been in Close Contact With an Employee Who Has Coronavirus Symptoms, Was Tested, and Waiting on Test Results?**

- According to the Centers for Disease Control (CDC) close contact shall mean the employee has been around someone within the distance of six feet (two arms length) for approximately fifteen minutes or more.
- If the connection is more distant than the option above, the employee will not need to do anything more than social distance, which is recommended for everyone, unless they themselves have risks due to some other exposure.
- If the employee who was in close connection to the employee waiting on test results has some other risks due to Covid-19, then they will be required to stay at home.
- The employee will contact their immediate supervisor and explain the absence is due to Covid-19 symptoms.
- The immediate supervisor will contact the Department of Human Resources, the Superintendent, and Business Office (Business Manager/Payroll Clerk) and inform them of the employee's absence due to possible Covid-19.
- If the employee is a classified employee, the Director of Human Resources will draft a Notice of Potential Exposure to Covid-19 Letter (signed by Human Resources Director and Superintendent) for submission to the employee explaining that they must submit a medical statement showing proof of testing. (A copy of this letter will also be given to the Payroll Office.)
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  - Is subject to a federal, state, or local quarantine or isolation order related to the Covid-19;
  - Has been advised by a health care provider to self-quarantine related to Covid-19;
  - Is caring for an individual subject to an order described in the first bullet above, or self-quarantine described in the second bullet above;
  - Is caring for his or her child whose school or place of care is closed (or childcare provider is unavailable) due to Covid-19 related reasons; or
  - Is experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services.
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- 2/3 for qualifying reasons #4 and #6 below, up to \$200 daily and \$2,000 total; and
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  - Is subject to a federal, state, or local quarantine or isolation order related to the Covid-19;
  - Has been advised by a health care provider to self-quarantine related to Covid-19;
  - Is caring for an individual subject to an order described in the first bullet above, or self-quarantine described in the second bullet above;
  - Is caring for his or her child whose school or place of care is closed (or childcare provider is unavailable) due to Covid-19 related reasons; or
  - Is experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services.
- The employee will be required to complete a FFCRA Leave Form. (Copy of form attached.) This form will be included with the Notice of Potential Exposure to Covid-19 Letter sent to the employee. It must be turned into the Department of Human Resources along with the medical statement showing proof of testing.

NOTE: Once the employee has utilized all of the federal paid sick leave under FFCRA, and they are still not back at work, they will be required to utilize their own accrued leave time. When utilizing their own district accrued leave time, employees must follow district policy for use of accrued leave time.

# LETTERS



## NOTICE OF POTENTIAL EXPOSURE TO COVID-19

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

We are notifying you that a NBCSD employee with whom you may have come in contact with was sent home as a precautionary measure due to COVID-19. Consequently, we advise that you seek advice from a health care provider as to whether or not you should quarantine or isolate yourself. **In the event your health care provider advises you to quarantine or isolate yourself, per documentation, you will be placed on leave with pay in accordance with the Families First Coronavirus Response Act (FFCRA), which provides for paid leave for up to 80 hours (2 weeks), capped at certain income limits.** Please provide the HR department with a copy of the letter from your health care provider to determine if you qualify for paid leave through FFCRA. Someone in the payroll department may contact you, if needed, regarding any changes in pay. If you experience any of the symptoms below, please take appropriate action, including seeking medical advice and notifying your immediate supervisor.

**People with COVID-19 have reported having a wide range of symptoms ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:**

- **Cough**
- **Shortness of breath or difficulty breathing**
- **Fever**
- **Chills**
- **Muscle pain**
- **Sore throat**
- **New loss of taste or smell**
- **Gastrointestinal symptoms like nausea, vomiting, or diarrhea.**

**This list does not contain all possible symptoms. Please call your medical provider for any other symptoms or for testing accordingly.**

If you have any questions or concerns, please do not hesitate to contact our office.

Sincerely,

Superintendent' s Signature \_\_\_\_\_



## NOTICE OF TESTING POSITIVE FOR COVID-19

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for notifying the district of your positive testing for Covid-19. Consequently, we are advising you that you are being sent home until further notice by a health care provider that you no longer have the virus or there is no longer a need for you to quarantine or isolate yourself. Please provide the Human Resources Department with a copy of a letter from your health care provider informing you that you no longer have Covid-19 and therefore, no need to continue quarantining. You can be with or around others after three (3) days with no fever and your respiratory symptoms have improved (e.g. cough, shortness of breath, or difficulty breathing) and ten (10) days since symptoms first appeared. Depending on your healthcare provider's advice and availability of testing, you might want to get tested to see if you still have COVID-19. If you will be tested, you can be around others when you have no fever, respiratory symptoms have improved, and you receive two negative test results in a row, at least 24 hours apart.

Someone in the payroll department may contact you, if needed, regarding any changes in pay.

If you have any questions or concerns, please do not hesitate to contact our office.

Sincerely,

Superintendent's Signature \_\_\_\_\_



## AUTHORIZATION TO WORK FROM HOME

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

We were notified that a NBCSD employee with whom you may have come in contact with, was sent home as a precautionary measure due to COVID-19. Accordingly, you will be allowed to work from home for the time period indicated below. Please find attached a Weekly Work at Home Time Report that must be completed while completing duties at home. This form should be turned in to your immediate supervisor by the end of the week.

If you experience any of the symptoms below, please take appropriate action, including seeking medical advice and notifying your immediate supervisor.

**People with COVID-19 have reported having a wide range of symptoms ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:**

- **Cough**
- **Shortness of breath or difficulty breathing**
- **Fever**
- **Chills**
- **Muscle pain**
- **Sore throat**
- **New loss of taste or smell**
- **Gastrointestinal symptoms like nausea, vomiting, or diarrhea.**

**This list does not contain all possible symptoms. Please call your medical provider for any other symptoms or for testing accordingly.**

If you have any questions or concerns, please do not hesitate to contact our office.

Beginning date \_\_\_\_\_ Ending date \_\_\_\_\_

Sincerely,

Superintendent's Signature \_\_\_\_\_

Date \_\_\_\_\_

**WEEKLY WORK  
AT HOME TIME REPORT**



## WEEKLY WORK AT HOME TIME REPORT

Staff Name: \_\_\_\_\_

Position: \_\_\_\_\_

Week Beginning/Ending: \_\_\_\_\_

Please provide a list of **ACTUAL** tasks **COMPLETED** for the week indicated. Make sure that you account for every hour of work. This form should be submitted with your time sheet. Both documents (Weekly Work at Home Report and Time Sheet) should be given to your immediate supervisor.

**North Bolivar Consolidated School District Work Report**

Employee Name \_\_\_\_\_

Position \_\_\_\_\_ School/Department \_\_\_\_\_

Dates of Work Plan: From \_\_\_\_\_ To \_\_\_\_\_

Signature \_\_\_\_\_

Date	Work Activity Description	Number of Students Targeted	Number of Staff Targeted	Goals/Targeted Outcome of Activity	Collaboration/ With Who?	Follow Up Needed

# FFCRA LEAVE REQUEST FORM

# FFCRA LEAVE REQUEST FORM

The Families First Coronavirus Response Act (FFCRA) 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 FFCRA 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 through #3 below, up to \$511 daily and \$5,110 total;
- 2/3 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 2/3 for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

## **Requestor Information:**

**Employee Name:** \_\_\_\_\_ **Employee ID:** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Date of leave to begin:** \_\_\_\_\_ **Date of leave expected to end:** \_\_\_\_\_

**Average number of hours you normally work within a two-week period:** \_\_\_\_\_

An employee is entitled to take paid sick leave specified under the FFCRA if the employee is unable to work, including telework (work remotely), because the employee:

**1. Is subject to a Federal, State, or local quarantine or isolation order related to the COVID-19;**

Please provide the name of the agency that issued the order: \_\_\_\_\_

**2. Has been advised by a health care provider to self-quarantine related to COVID-19;**

▶ Please provide the name of the health care who advised you of this action: \_\_\_\_\_

**3. Is experiencing COVID-19 symptoms and is seeking a medical diagnosis;**

▶ Note: If your reason for leave is due to your own serious health condition related to COVID-19 or to care for your spouse, son, daughter, or parent with a serious health condition related to COVID-19, then the normal FMLA certification requirements still apply and regular FMLA forms will be used.

**4. Is caring for an individual subject to an order described in #1 or self-quarantine described in #2;**

Please provide agency name or health care provider that issued the order to the person that you are providing care for: \_\_\_\_\_

**5. Is caring for his or her child whose school or place of care is closed (or childcare provider is unavailable) due to COVID-19 related reasons; or**

▶ Please provide name of child and name of school or childcare provider which is now closed or become unavailable: \_\_\_\_\_

▶ Do you represent that no suitable person will be caring for the son or daughter during the period for which you are taking paid sick leave and/or expanded family medical leave? Yes or No

**6. Is experiencing any other substantially similar condition specified by the US Department of Health and Human Services.**

**Please specify which reason above is most closely related to your need to request FFCRA Leave:** \_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge. I also certify that I am unable to work or telework because of one of the reasons above.

**Employee signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Original form is maintained by the HR Office. Copies only allowed for Employee and Supervisor.)

FAMILY MEDICAL LEAVE ACT  
FORM

**NORTH BOLIVAR CONSOLIDATED SCHOOL DISTRICT  
PAYROLL OFFICE  
204 North Edwards Ave., Mound Bayou, MS 38762  
662-339-3781**

**NOTICE AND DESIGNATION  
OF  
FAMILY MEDICAL LEAVE  
FOR  
FISCAL SCHOOL YEAR OF JULY 1, 2020 - JUNE 30, 2021**

TO: \_\_\_\_\_ DATE: \_\_\_\_\_

We have been notified of either the taking of or your need to take family/medical leave due to one of the following reasons:

- \_\_\_ a serious health condition that makes you unable to perform the essential functions of your job;
- \_\_\_ the birth of your child, or the placement of a child with you for adoption or foster care for maternal or paternal employees;
- \_\_\_ a serious health condition affecting a member of your family for which you are needed to provide care.
- \_\_\_ any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "covered active duty".
- \_\_\_ any qualifying condition as it relates to COVID-19 that meets the Family First Coronavirus Response Act
  - Employee will be eligible for two weeks (up to 80 hours) of paid sick leave, provided by the Families First Coronavirus Response Act (FFCRA). This will not affect your sick/personal leave in the system.

**If you meet the eligibility requirements outlined by the Family and Medical Leave Act of 1993, you have a right to take a total of 12 workweeks of unpaid leave during a 12-month period for the reason checked above. Coverage may be extended up to 26 workweeks if a family member becomes seriously ill or injured while on active duty.**

**Qualifying Requirements for Leave under Family First Coronavirus Response Act (FFCRA):**

1. Employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19

2. Employee has been advised by a health care provider to self-quarantine related to COVID-19
3. Employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
  - a. **NOTE: If your reason for leave is due to your own serious health condition to COVID-19 or to care for your spouse, son, daughter, or parent with a serious health condition related to COVID-19, then the normal FMLA certification requirements still apply and regular FMLA will be used**
4. Employee is caring for an individual subject to an order described in #1 or self - quarantine as described in #2
5. Employee is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19 (provide letter from institution)
6. Employee is experiencing any other substantially similar conditions specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury

Also, **if you meet the eligibility requirements**, your health and life insurance benefits will be maintained during any period of said leave under the same conditions as if you continued to work, and you will be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from leave. If you cannot return to work after this time has expired, we will send you a notice stating when your benefits will expire and how you can maintain them by paying those insurance premiums.

District Policy states that eligible employees must first apply all earned paid leave time in accordance with district policies, with the remainder of the 12/26-week period consisting of unpaid leave. **Exception: The 80 hours provided by FFCRA would not be applied.**

**THIS NOTICE IS TO INFORM YOU THAT:**

<p><b>You ARE</b> <b>eligible</b> _____</p>	<p><b>NOT</b> _____ <b>eligible for</b> <b>leave under</b> <b>FMLA or</b> <b>FFCRA</b></p>
---	--

**(COVID-19) for absences that started on \_\_\_\_\_**

You will be required to furnish medical certification of a serious health condition. Please provide this certification back, as soon as possible. Failure to provide this certification may result in non-approval of leave under FMLA. While on leave, you will be required to furnish us with periodic reports of your status and intent to return to work as appropriate. If the circumstances of your leave change and you are unable to return to work, please inform us as soon as possible.

If you normally pay premiums for any health or other insurances and you have exhausted all paid leave, you may continue these benefits by arranging premium payments with our Payroll Department.

cc: Human Resources Department

**MAINTENANCE CLEANING AND  
DISINFECTION NOTIFICATION**



## **ENHANCED CLEANING AND DISINFECTION AFTER NOTIFICATION OF A CONFIRMED CASE OF COVID-19**

North Bolivar Public School District will follow CDC's recommendation for cleaning and disinfecting building or facility.

- Close off areas used by *this* employee.
  - Schools **DO NOT** necessarily need to close operations, if they can close-off affected area.
- Open outside doors and windows to increase air circulation in the area.
- **WAIT 24 HOURS** before cleaning or disinfecting. If 24 hours is not feasible, wait as long as necessary.
- Clean and disinfect **ALL** areas used by this employee, such as offices, bathrooms, common areas, and shared electronic equipment (tablets, touch screen, keyboards, time clocks, etc.).
- Once area has been appropriately disinfected, it can be opened for use.
  - Workers who were not in close contact with this employee may return to work immediately after disinfection.

**If it has been more than seven (7) days since the employee visited or used the facility, additional cleaning and disinfection is NOT necessary.**

- Continue routine cleaning and disinfection. This includes everyday practices that businesses and communities normally use to maintain a healthy environment.

### **POSITIVE TEST PROTOCOL**

The cleaning scope will be implemented based on the risk of potential contamination as determined by the Maintenance Director and site supervisor

- We will communicate the impacted area or situation to all impacted parties in a Cleaning Scope Plan of Action

## COVID-19 POSITIVE CLEAN LIST

Check list for the week of: \_\_\_\_\_

School Site: \_\_\_\_\_

<b>Ensure all tasks are completed daily</b>
<b>Disinfect all frequently touched surfaces</b>
<ul style="list-style-type: none"><li>• <b>Entry Handles/Knobs</b></li></ul>
<ul style="list-style-type: none"><li>• <b>Telephones</b></li></ul>
<ul style="list-style-type: none"><li>• <b>Light Switched</b></li></ul>
<ul style="list-style-type: none"><li>• <b>Key Pads</b></li></ul>
<ul style="list-style-type: none"><li>• <b>Computers</b></li></ul>
<ul style="list-style-type: none"><li>• <b>Copy Machines</b></li></ul>
<ul style="list-style-type: none"><li>• <b>Snack Machines</b></li></ul>
<ul style="list-style-type: none"><li>• <b>Microwaves</b></li></ul>
<ul style="list-style-type: none"><li>• <b>Commode Handles</b></li></ul>
<ul style="list-style-type: none"><li>• <b>Faucets</b></li></ul>
<ul style="list-style-type: none"><li>• <b>Rails (Handicap Accessibility)</b></li></ul>
<ul style="list-style-type: none"><li>• <b>Water Fountains</b></li></ul>
<b>In restrooms, ensure fixtures are clean, disinfected and free of stains</b>
<b>Throughout the building, ensure lights, furniture, alarm pulls, goals (in gym), and air ducts are clean/disinfected and free of dust</b>
<b>All floor mats/rugs should be vacuumed, sprayed and stored until after scrub is complete</b>
<b>COVID EXTRA</b>
<b>For all soft surfaces like couches, cushioned chairs, etc.; clean surface using soap, water, and appropriate cleaner then spray with disinfectant.</b>
<b>If soft surfaces are launder able, do so.</b>
<b>For electronics, use disinfectant wipes.</b>