

**Springfield Public Schools**  
**COVID-19 Emergency Paid Sick Leave**  
**(Effective January 1, 2021 to March 31, 2021)**

In order to continue to address the public health emergency caused by COVID-19, Springfield Public Schools (“SPS”) will provide employees with up to eighty (80) hours of emergency paid sick leave to address specific COVID-19 issues described below (“COVID-19 Emergency Paid Sick Leave”)

This policy may be subject to change at the discretion of the Springfield School Committee or if federal laws are enacted providing for emergency paid leave to address leave for reasons related to COVID-19.

**COVID-19 Emergency Paid Sick Leave**

COVID-19 Emergency Paid Sick Leave is available to SPS employees at their regular rate of pay, when **the employee is unable to work or telework (remote)** because:

- a. the SPS employee has tested positive for COVID-19 or is experiencing symptoms of COVID-19 and is seeking a medical diagnosis and/or treatment;
- b. the SPS employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19; or
- c. the SPS employee is subject to a federal, state or local quarantine or isolation order to self-quarantine due to concerns related to COVID-19.

Employees requesting COVID-19 Emergency Paid Sick Leave for the reasons described above, must complete a request form and provide the requested documentation. If an employee exhausts the eighty (80) hours of COVID-19 Emergency Paid Sick Leave, an SPS employee will be eligible to utilize any accrued paid sick time or vacation, if needed.

Approved January 28, 2021

### Request Form for COVID-19 Emergency Paid Sick Leave

<b>Employee Information</b>
Employee Name (print clearly):
Employee ID Number:
Title/Position:
Department:
Requested Leave Start Date:
Estimated Leave End Date (if known):
<b>Employee's Statement Regarding Request for Leave</b>
By signing this form, I represent that I am unable to work or telework because of the COVID-19 qualifying reason identified below.
The reason for the COVID-19 Emergency Paid Sick Leave is (check the appropriate reason below and provide the requested information):
<input type="checkbox"/> 1) I am subject to a federal, state, or local quarantine or isolation order related to COVID-19. The name of the government entity that issued the quarantine or isolation order related to COVID-19 is:
<input type="checkbox"/> 2) I have been advised by a health care provider to self-quarantine for COVID-19 reasons. The name of the health care provider that advised me to self-quarantine due to concerns related to COVID-19 is:
<input type="checkbox"/> 3) I have tested positive or I am experiencing symptoms of COVID-19 and seeking a medical diagnosis. The name of the health care provider with whom I am seeking a medical diagnosis is:
Additional documentation or clarification of documentation or information may be required prior to making a final determination to approve or deny the request for COVID-19 Emergency Paid Sick Leave
Employee Signature
Date

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