Employee Leave & Accommodation Request Flowchart
COVID-19

IF AN EMPLOYEE:

1. Is subject to a Federal, State, or local quarantine or isolation order related to COVID-19
2. Has been advised by a healthcare provider to self-quarantine related to COVID-19
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)
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
6. Is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services

Employee submits leave request.

Leave Office reviews and designates applicable leave.

FFCRA
Eligibility – Employee has been employed for at least 30 days AND has a qualifying reason

FAMILY MEDICAL LEAVE
Eligibility – Employee has been employed for a year AND a minimum of 1,250 hours AND Qualifying Reason (for self or qualifying family member)

EXTENDED LEAVE
For Employee’s illness/injury. Medical Certification required.

TEMPORARY DISABILITY LEAVE
Available to Certified Staff. Medical Certification Required.

IF AN EMPLOYEE IS A HIGH RISK FACTOR (Health or Age 65+)

Employee is uncomfortable returning to work as they are classified in a high-risk category.

Employee submits accommodation request.

Employee Relations reviews if job duties can be performed remotely

Accommodation Granted

YES

NO

YES

NO

YES

NO

YES

NO

YES

Employee must return to their work assignment. If an employee is unable to return after exhausting all available leave options, separation from the district may occur.