

# The Nassau County School District

1201 Atlantic Avenue  
Fernandina Beach, Florida 32034



“Empowering Others Through a Commitment to Excellence”

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## Emergency Paid Sick Leave Provision – COVID-19

### **Nassau County School District Continued Coronavirus Response - Effective January 4, 2021 through June 30, 2021**

The emergency paid sick leave and extended Family and Medical Leave mandated by the Families First Coronavirus Response Act expired on December 31, 2020. The Nassau County School District is acting in good faith to extend the 10 days of emergency paid sick leave for employees impacted by COVID-19 and those serving as caregivers for individuals with COVID-19.

Legal Name \_\_\_\_\_ School/Location \_\_\_\_\_  
Position/Title \_\_\_\_\_ Employee ID \_\_\_\_\_  
Home/Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Please answer the following questions:

Are you capable of performing all of the essential functions of your position via telework?

Has your principal or director authorized you to work your full or partial day from home?

YES	NO

If you are approved to telework, please enter "Temporary Duty - Teleworking/COVID" into Skyward for the number of hours each day and complete this form.

Please note that for reasons 1 & 4, documentation from the Health Department will be required. Reasons 2 & 3 will require documentation from a health care provider and Reason 5 will require documentation from the Health Department or a school/childcare provider. You are entitled to request a maximum of 10 consecutive work days. You are not required to request to take all 10 days at one time. You may request the unused balance of the 10 days (since April 1, 2020) if you qualify again at a later date.

**Please select the reason(s) that apply to you by checking the appropriate box(es):**

1 **I am subject to a quarantine or isolation order related to COVID-19.**

*\*I understand I can receive up to 10 days of sick leave at 100% of my daily rate of pay based upon my regularly scheduled hours.*

Sick Leave Dates Requested: \_\_\_\_\_

Health Department that issued quarantine or isolation order: \_\_\_\_\_

2 **I was advised by a health care provider to self-quarantine due to concerns related to COVID-19.**

*\*I understand I can receive up to 10 days of sick leave at 100% of my daily rate of pay based upon my regularly scheduled hours.*

Sick Leave Dates Requested: \_\_\_\_\_

Name of Health Care Provider that advised you to self-isolate pending test results: \_\_\_\_\_

3 **I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.**

*\*I understand I can receive up to 10 days of sick leave at 100% of my daily rate of pay based upon my regularly scheduled hours.*

Sick Leave Dates Requested: \_\_\_\_\_

Please explain and attach pertinent documentation to support your claim:

\_\_\_\_\_  
\_\_\_\_\_

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***Our mission is to develop each student as an inspired life-long learner and problem-solver with the strength of character to serve as a productive member of society.***

The Nassau County School District does not discriminate on the basis of race, color, national origin, gender, age, disability or marital status in its educational programs, services or activities, or in its hiring or employment practices.

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4 **I am caring for an individual subject to a quarantine or isolation order due to COVID-19 concerns.**  
*\*I understand I can receive up to 10 days of sick leave at 2/3 of my daily rate of pay based upon my regularly scheduled hours (max \$200/day).*

Sick Leave Dates Requested: \_\_\_\_\_

Name of Person Receiving Care: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Health Department that issued quarantine or isolation order: \_\_\_\_\_

5 **I am caring for a son/daughter whose school or childcare is closed or unavailable.**  
*\*I understand I can receive up to 10 days of sick leave at 2/3 of my daily rate of pay based upon my regularly scheduled hours (max \$200/day). You are **not** required to take all 10 days, and you do not need to request to take them consecutively. You may request to take them intermittently.*

Sick Leave Dates Requested: \_\_\_\_\_

Child(ren)'s Name(s) and Age(s): \_\_\_\_\_

Name of School(s), Place(s) of Care or Childcare Provider(s): \_\_\_\_\_

**If you selected reason(s) 4 or 5 above, please answer the following question:**

Do you wish to use your accrued sick or vacation leave to cover the 1/3 of your daily rate of pay not provided for?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

***The Human Resources Department reserves the right to request additional documentation to support an employee's request and/or need for this leave.***

**I understand that I am responsible for taking my own sick, personal or vacation leave in Skyward for every day I am absent for these circumstances prior to submitting this form. If I am deemed eligible for emergency paid sick leave, my leave time will be credited back to me.**

**I certify that all information I am providing on this form is true and accurate. If it is later determined that the information provided was not true or accurate, I may be subject to repayment of sick leave monies.**

Name: \_\_\_\_\_ School/Location: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Method of Receipt: \_\_\_\_\_

Eligible: Yes \_\_\_\_\_ No \_\_\_\_\_

If No, reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DATE RECEIVED

Processed by: \_\_\_\_\_ Date \_\_\_\_\_