Welcome to Phase II of the 2020-21 school year.

Superintendent Dr. Mark Sullivan and the Board of Education are proud of the work and commitment to excellence displayed each day by the talented people who work with Birmingham City Schools (BCS). Every person provides a valuable contribution to the overall goal of equipping scholars for success.

Despite the challenges presented by COVID-19, BCS will do everything possible to ensure the safety of our students and employees.

All employees are expected to work when scheduled and be able to perform the essential functions of their roles. Our Human Resources Department is equipped to support individuals who have specific issues or concerns or link them with other resources.

Employees are urged to take basic preventative measures to prepare themselves and their families to avoid exposure to or infection by the virus causing COVID-19. These steps include cleaning your hands often, avoiding close contact with people who are sick, staying home if you are sick, covering coughs and sneezes, wearing a face mask and cleaning/disinfecting frequently touched surfaces daily.

Click here to review a summary of basic preventative measures from the Centers for Disease Control and Prevention (CDC).

Prevention of COVID-19

Importance of Social Distancing

All employees are expected to adhere to social distancing guidelines. The CDC states that limiting close face-to-face contact with others is the best way to reduce the spread of COVID-19.

“Social distancing” means keeping a safe space (at least 6 feet) between yourself and other people. Social distancing should be practiced in combination with other everyday preventative actions to reduce the spread of COVID-19, including wearing masks or face coverings, not touching your face with unwashed hands, and frequently washing your hands with soap and water for at least 20 seconds.

Masks and Face Coverings

All employees are required to wear cloth face coverings/masks or face shields. Employees who are unable to wear a mask or face covering due to a medical condition or other protected reason should communicate with Human Resources about the possibility of an accommodation. However, masks should be worn until an accommodation is granted. Note that wearing a mask does not replace the need for physical or social distancing.
Diagnosis of COVID-19

Symptoms of the virus causing COVID-19 may include some of the following symptoms: fever or chills, cough, shortness of breath or difficulty breathing, new loss of taste or smell, muscle or body aches, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea. According to the CDC, the symptoms may appear in 2-14 days after exposure.

What if I am sick?

Employees exhibiting COVID-19 symptoms while at work must immediately notify their supervisor and leave the premises. Employees who exhibit symptoms while at home should remain at home and notify their supervisor. The employees may only return to work once they satisfy the return to work criteria. While away from work, employees may be eligible for Families First Coronavirus Response Act (FFCRA) leave, regular leave and/or unpaid leave. FFCRA leave is available if you test positive for COVID, seeking a test or awaiting test results, are under quarantine, or are under doctor’s orders. FFCRA is available for 10 days only, after which regular or unpaid leave must be used. The employee should create an absence through Frontline- Absence Management and code as SICK LEAVE.

Employees who are sick with a non-COVID-19 illness may use their regular leave accruals until such time as they are able to return to work.

What if I am diagnosed with COVID-19?

If you are diagnosed with COVID-19 (positive test result or diagnosed by doctor), our protocols require that you isolate for 10 days from the date of the COVID-19 test. Please do not report to work until you meet the return to work criteria outlined herein. Notify your supervisor and electronically submit a copy of the completed FFCRA Leave Request Form. Please attach a copy of your quarantine order, doctor’s instructions or, if possible, a copy of the positive COVID-19 test.

What if someone in my house is diagnosed with COVID-19?

If you live in the same household with someone that is diagnosed with COVID-19, our protocols require that you quarantine for 14 days. Please do not report to work until you meet the return to work criteria. Notify your supervisor and electronically submit a copy of the completed FFCRA Leave Request Form. Please attach a copy of your quarantine order, doctor’s instructions or, if possible, a copy of the positive COVID-19 test.

What if I have been in close contact with someone with a confirmed diagnosis?

Close contact is defined as being within 6 feet of someone with a confirmed diagnosis of COVID-19 for at least 15 minutes. If you are in close contact, as defined, our protocols require that you quarantine for 14 days. Please do not report to work until you meet the return to work criteria outlined. Notify your supervisor and submit a copy of the completed FFCRA Leave Request Form. Please attach a copy of your quarantine order, doctor’s instructions or, if possible, a copy of the positive COVID-19 test.

When do I need to Quarantine?

Employees should self-isolate/quarantine in the following circumstances:

• An employee who is directed by a medical provider must quarantine per doctor’s orders. A doctor’s note will be required.
• An employee who tests positive for COVID must isolate for a minimum of 10 days from the date of the positive test, not the date the results are received. A doctor’s note or copy of the positive test is required.
• An employee who comes in close contact with a person with a confirmed COVID diagnosis or who lives in the same household with a person with a confirmed COVID diagnosis must quarantine for 14 days. A doctor’s note or copy of the positive test for the member of the same household will be required.
• An employee who undergoes a COVID test must quarantine until results are received. Proof of the test will be required.

Return to Work Criteria

• An employee who was diagnosed with COVID-19, or otherwise quarantined for a close contact, may not return to work unless they meet all of the following qualifications:
  • The employee completes an isolation for 10 days (diagnosis) or 14 quarantine days (close contact) from the date of the positive test.
  • The employee is asymptomatic (i.e. fever free, without medication) for 24 hours.
Taking Leave Due to COVID-19

The Families First Coronavirus Response Act (FFCRA or Act) provides paid leave to eligible employees impacted by COVID-19. There are two types of leave available: Emergency Paid Sick Leave (“EPSL”) and Expanded Family and Medical Leave (“EXFMLA”) for specified reasons related to COVID-19.

Emergency Paid Sick Leave

An employee is eligible for Emergency Paid Sick Leave if the employee is unable to work due to being quarantined (pursuant to Federal, State, or local government order or advice of a health care provider), and/or experiencing COVID-19 symptoms and seeking a medical diagnosis. The employee will be paid two weeks (up to 80 hours) of paid sick leave at the employee’s regular rate of pay up to $511/day.

Additionally, an employee is eligible if the employee is unable to work because of a bonafide need to care for an individual subject to quarantine (pursuant to Federal, State, or local government order or advice of a health care provider), or to care for a child (under 18 years of age) whose school or child care provider is closed or unavailable for reasons related to COVID-19, and/or the employee is experiencing a similar condition as specified by the Secretary of Health and Human Services. The employee will be paid two weeks (up to 80 hours) of paid sick leave at two-thirds the employee’s regular rate of pay up to $200 a day.

Expanded Family and Medical Leave

Under the FFCRA, an employee qualifies for expanded family leave if the 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. The employee may request an additional 10 weeks of paid expanded family and medical leave at two-thirds the employee’s regular rate of pay up to $200 a day.

Family and Medical Leave Act (FMLA)

Under the Family and Medical Leave Act (FMLA), eligible employees are entitled to a total of up to (12) weeks of unpaid leave during any (12) month period for one or more of the following reasons:

- A serious health condition of the employee that makes the employee unable to perform the essential functions of his or her position;
- The care of an immediate family member (i.e., spouse, child, or parent) with a serious health condition;
- The birth and first year care of a newborn child of an employee; or
- For placement with the employee of a child for adoption or foster care.

ELIGIBLE EMPLOYEES:

Employees are eligible for leave if they have worked for at least twelve (12) months and a minimum of 1,250 hours during that twelve (12) month period. Every request for FMLA leave based upon the serious health condition of the employee or employee’s spouse, children or parent must be supported by medical certification. An employee or family member who contracts a quarantinable communicable disease, such as COVID19, and becomes ill would generally be considered to have a qualifying serious health condition. The Board may require medical certification of a serious health condition.

Please note that Expanded Family and Medical Leave (EXFMLA) under the FFCRA referenced under COVID-19 leave above is considered FMLA leave but is paid at the rate established by law. EXFMLA leave is only available to employees who must provide childcare for children whose schools or daycares are physically closed due to COVID-19, or whose regular childcare is unavailable due to COVID-19.

Types of Leaves

Employees may elect to use regular leave accruals at any time, provided the correct justification for the desired leave has been met. Normal leave accruals may also be used, in some instances, to supplement the paid leave under the FFCRA. Restrictions apply to the use of regular leave accruals. Please see the Board Policy manual and Employee Handbook for more information.
• Personal Leave: All full-time employees are eligible for two days personal leave each scholastic year. Teachers are granted an additional day. The third day shall be at full pay minus the amount paid to a substitute.

• Paid Sick Leave: All regular and full time employees are eligible for paid sick leave. All eligible employees earn sick leave at the rate of one day per month for each month of regular employment during the year. Sick Days provide a day’s pay when employees are unable to work because of illness or injury for themselves or an immediate family member. Accumulated Sick Days are not to be used as vacation or personal leave. Using Accumulated Sick Days for anything other than your sickness or that of a family member is a violation of state law and Board policy and may be considered fraud.

• Vacation Leave: All full-time 12-month employees earn vacation leave based on the number of years in the district. regular rate of pay up to $511/day.


Accommodations and Special Considerations

Accommodations
Employees with a disability and who are otherwise qualified under the Americans with Disabilities Act may request an accommodation to help them address their concerns with reporting to work.

Supervisors may not prevent an employee from returning to work based solely on the supervisor’s belief that the employee falls into the CDC’s categories of individuals at higher risk for severe complication from COVID-19. Employees who have an underlying medical condition, or those who are pregnant, may submit a request for a reasonable accommodation to Human Resources.

High Risk Employees
An employee considered at higher risk for severe complications from COVID-19 may request an unpaid leave of absence, or may use vacation or personal leave.

Employees Caring for Family Members
Employees who regularly care for an ill family member who is at higher risk for severe complications from COVID-19 may be eligible for time off under the Family and Medical Leave Act. FFCRA leave may be available if the family member is suffering from COVID-19.

Requests to Work from Home
No supervisor has the authority to approve any employee working from home.

Safeguarding Employees’ Health
As a precautionary measure, daily disinfection practices are being implemented throughout all schools and district buildings. BCS is requiring all employees and students to social distance and wear masks.

Expectations for Employees
All employees are asked to adhere to all CDC, State of Alabama and Jefferson County Department of Health guidelines and orders, and BCS ‘ policies and procedures at all times. All employees are asked to follow CDC and health department guidance outside of work to minimize the potential spread of COVID-19 to themselves, their coworkers, students and others.
Frequently Asked Questions

Are employees required to disclose if they test positive for COVID-19 or feeling ill and/or experiencing COVID-19 symptoms to management?

Yes, all employees are required to immediately disclose possible symptoms of COVID-19 or a positive test result to their supervisor or designated administrator. Employees are asked to stay at home if they are feeling ill to avoid placing their co-workers and students at risk. Employees who are at work and begin to feel ill should disclose this information to their supervisor and go home immediately.

How do I apply for leave under the Families First Coronavirus Response Act?

The employee should complete and submit the Employee Leave Request (FFCRA) within 24 hours of notice and email to the Human Resources Department – dmatthews@bhm.k12.al.us or fax to 205-231-4651. Copies of any quarantine orders or positive tests should be attached to the FFCRA leave form. Questions about FFCRA leave should be directed to the Della Nicholas. The Employee Leave Request form and FFCRA Act are posted on the Human Resources Department webpage, https://www.bhamcityschools.org/Page/40738.

Do I qualify for FFCRA Leave?

All BCS employees are eligible for two weeks of emergency paid sick time for specified reasons related to COVID-19. Employees employed for at least 30 days are eligible for up to an additional 10 weeks of paid family leave to care for a child under certain circumstances related to COVID-19.

What are the qualifying reasons FFCRA Leave?

An employee qualifies for FFRCA leave if they test positive for COVID 19, experiencing symptoms and seeking a medical diagnosis, or advised to quarantine by a health care provider, caring for a person subject to quarantine by a health care provider or caring for a child whose school or daycare is closed.

How much will I be paid if I take the FFRCA Leave?

If an employee is caring for a child whose school or daycare is closed, the employee is entitled to two weeks of emergency paid sick leave at 2/3 of the employee’s regular rate up to $200 per day. Thereafter, the employee may request additional leave up to 10 weeks at 2/3 of the employee’s regular rate of pay up to $200 per day.

Will this leave count against my accrued leave?

No, the first 10 days are paid 100% up to $511 a day if the employee test positive for COVID19 or advised to quarantine by a health care provider and 67% if the employee is caring for a sick family member. However, if an employee is sick beyond the 10 days, they are allowed to use accrued sick leave.

How do I report my absence when I take a FFRCA Leave?

The absence should be created in Frontline - Absence Management. The absence should be coded as SICK LEAVE.

Am I required to work if I am quarantined by the district due to exposure?

All employees are required to work remotely if they are quarantined by the district based on an exposure within the district. Employees who are unable to work remotely are not required to adhere to this guideline, i.e. bus drivers, custodians. If you develop symptoms of COVID and unable to continue working remotely, please contact Human Resources to request a FFRCA Leave.
EMPLOYEE LEAVE REQUEST
FAMILIES FIRST CORONAVIRUS RESPONSE ACT

Employee Name: ________________________     Employee Number: _______________________

Work Location: __________________________   Job Title: ________________________________

First Date of Leave: ______________________     Duration of Requested Leave: __________________
(in work days)

Note: Employees taking leave based on their own health, i.e., they have been advised to quarantine,
experiencing symptoms and seeking a diagnosis, or test positive, will receive their regular pay for 10
days. Employees taking leave to care for family members i.e., child, spouse, parents, will receive 67%
of their pay up to $200/day for 10 days. Employees whose school or daycare is closed qualify for an
additional 10 weeks of pay up to $200/day.

NOTE: Employees who are off more than the allotted 10 days will have the option to use sick days,
personal days, or vacation days. If no leave is available, the leave will be unpaid. Employees can
request to use sick days, personal days and vacation days to subsidize pay by completing the USE
ACCRUED LEAVE below or by sending an email to Della Nicholas at dmatthews@bhm.k12.al.us

Use Accrued Leave: Yes _____ No _______ Sick Days ____ Personal Days ____ Vacation Days ____

REASON FOR LEAVE (check one)

_____ 1. Employee is subject to federal, state or local COVID-19 Leave quarantine/isolation order.
   (*not currently available in Alabama)

_____ 2. Employee has been advised to self-quarantine by health care provider due to COVID-19.
   (certification from health care provider may be required)

_____ 3. Employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis.
   (certification from health care provider may be required)

_____ 4. Employee is caring for a person subject to federal, state, local or health care official's
   COVID-19 quarantine/isolation order.

_____ 5. Employee is caring for a son or daughter under whose school has been closed due to
   COVID-19 or whose childcare is unavailable during COVID-19.

_____ 6. Employee is experiencing a substantially similar condition as designated by Department of
   Health and Human Services.

I certify that the above information is correct and my request is based on the reason indicated.

Employee’s Signature ____________________ Date Signed ____________________

OFFICE USE ONLY:

Action Date ____________________________                 Action taken by _______________________

Type of Leave____________________________________

Notes:

SUBMIT FORM TO DELLA NICHOLAS - dmatthews@bhm.k12.al.us / FAX: 205-231-4651