

NORTHSHORE EDUCATION CONSORTIUM REQUESTS FOR LEAVE OR WORKPLACE ACCOMMODATION

For requests commencing September 2020

TYPES OF REQUESTS & SCENARIOS	*Applicable Law <small>(click link for details)</small>			Procedure / Comments
	FMLA	ADA	FFCRA	
WORKPLACE ACCOMMODATION REQUESTS (i.e., request to work remotely or request for modification of duties)				A request to work remotely is considered a request for a workplace accommodation due to a medical disability under the Americans with Disabilities Act. Requests for remote work will be handled on a case by case basis, according to the standard "reasonable accommodation request" procedure
SELF - Due to underlying health condition/medical disability - higher risk for COVID19 (for example, immunocompromised due to chemotherapy)	x	✓	x	Standard workplace accommodation procedure
FAMILY MEMBER - Due to family member having underlying health condition/medical disability - higher risk for COVID19	x	x	x	Such a request is not covered under FMLA, ADA or FFCRA, and would be considered as a request for an unpaid personal leave of absence
LEAVE REQUESTS				
<u>Medical</u>				
SELF - Due to underlying health condition - high risk for COVID19	x	✓	x	Not eligible for FMLA leave. See workplace accommodation procedure.
SELF - For own serious health condition (unable to work due to illness, injury, incapacity) - non COVID	✓	✓	x	Standard FMLA request procedure
FAMILY MEMBER - Underlying health condition - family member high risk for COVID19	x	x	x	Such a request is not covered under FMLA, ADA or FFCRA, and would be considered as a request for an unpaid personal leave of absence
FAMILY MEMBER - To care for family member with serious health condition - non COVID	✓	x	x	Standard FMLA request procedure
<u>Personal</u>				
To care for child due to his/her school or daycare being closed due to COVID19	x	x	✓	see COVID19 Specific Absence
To care for child employee chooses to home school vs. send to school	x	x	x	Such a request is not covered under FMLA, ADA or FFCRA, and would be considered as a request for an unpaid personal leave of absence.
To avoid contracting COVID19 - uncomfortable reporting to work (no underlying health condition/comorbidity)	x	x	x	n/a; when school is in session, it is essential for staff members to report to work, unless applying for leave due to reasons that qualify under FMLA, ADA or FFCRA
COVID19 SPECIFIC ILLNESS / ABSENCE				Complete "Leave Request Form" and provide documentation per Department of Labor Guidelines
<u>Emergency Paid Sick Leave - up to 2 weeks add'l sick leave</u>				
- Employee ill with COVID19 - Employee suspected COVID19 case - Employee under quarantine order due to COVID19 - To care for a family member who is ill with COVID19	x	x	✓	Absence for employee's own illness/quarantine order paid at regular rate up to max of \$511 /day Absence to care for family member is paid at two-thirds employee's regular rate, up to max of \$200/day
<u>Emergency Family & Medical Leave Expansion</u>				
- Extends FMLA benefits to employees who cannot work because of COVID19 related childcare issues (school or daycare closed)	✓	x	✓	Up to an additional ten weeks of expanded FMLA leave at two-thirds the employee's regular rate of pay, up to \$200 daily

* FMLA - Family and Medical Leave Act; ADA - Americans with Disabilities Act; FFCRA - Families First Coronavirus Response Act