Shaker Regional School District

Overview of Leave Programs for Shaker Regional Education Support Professional Association (SRESPA)

For additional information or to apply for any of the following Leave Programs, please contact Debbie Thompson, Business Administrator, at <u>dthompson@sau80.org</u> or 267-9223 ext. 5303.

FMLA – Family Medical Leave Act – entitled eligible employees unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave. Eligible employees are entitled to:

- 12 workweeks of leave in a 12 month period for:
 - 1. The birth of a child and to care for the newborn child within one year of birth;
 - 2. The placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement;
 - 3. To care for the employee's spouse, child, or parent who has a serious health condition;
 - 4. A serious health condition that makes the employee unable to perform the essential functions of his or her job;
 - 5. Any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "covered active duty;" or
- 26 workweeks of leave during a 12-month period to care for a covered service member with a serious injury or illness if the eligible employee is the service member's spouse, son, daughter, parent, or next of kin (military caregiver leave).

EPSL – Emergency Paid Sick Leave – a provision of the Family First Coronavirus Response Act, which provides up to 80 hours of paid leave for eligible employees for the following reasons:

- 1. The employee is subject to a government-ordered quarantine or isolation order related to COVID-19.
- 2. The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- 3. The employee is experiencing COVID-19 symptoms and is seeking medical diagnosis.
- 4. The employee is caring for an individual who is subject to a government-ordered quarantine or a health care provider's recommendation to self-quarantine.
- 5. The employee is caring for a child whose school or place of care has been closed due to COVID-19.
- 6. The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

EFMLA – Emergency Family and Medical Leave Act – a provision of the Family First Coronavirus Response Act, which provides up to 12 weeks of partially paid coronavirus-related family leave. Eligible employees may take this leave if they are unable to work due to the need to care for a minor child whose school or daycare is closed due to COVID-19.

| | FMLA | EPSL | EFMLA |
|-------------------------|------------------------|---------------------------|------------------------|
| Effective Date | 1993 | 4/1/2020 | 4/1/2020 |
| Expiration | No expiration | 12/31/2020 | 12/31/2020 |
| Type of Leave covered | | | |
| Medical leave for self | Yes | Yes | No |
| Medical leave to care | Yes | Yes | No |
| for family member | | | |
| Leave to take care of a | No | Yes | Yes |
| minor child whose | | | |
| school or daycare is | | | |
| closed | | | |
| Key Provisions | | | |
| Leave period covered | 12 weeks (60 | Regular scheduled | 12 weeks (60 |
| by law | workdays) | hours not to exceed 80 | workdays) of regularly |
| | | in a 2-week period | scheduled hours. The |
| | | | first 2 weeks are |
| | | | unpaid unless EPSL is |
| | | | used |
| Is Leave Paid? | No | Full Pay up to \$511/day | 10 weeks of paid 2/3 |
| | | if leave is for self; | pay with a cap of |
| | | 2/3 pay with a cap of | \$200/day, the first 2 |
| | | \$200/day if leave is for | weeks of the 12 weeks |
| | | family member or | are unpaid unless EPSL |
| | | childcare purposes | is used |
| Can employees use | Yes, can use sick time | Yes, Sick Leave | Yes, Personal Leave or |
| sick, vacation, | in accordance with the | | Vacation Leave (if |
| personal time to | SRSD-SRESPA CBA | | applicable) |
| supplement leave | | | |
| Job Protection. | Yes | Yes | Yes |
| Qualifications | | | |
| Minimum period of | 12 months or at least | None | 30 days |
| employment for | 1,250 hours worked | | |
| coverage. | | | |
| Are Part-time | 24+ hours per week | Yes | Yes |
| employees covered? | | | |