



**BAYONNE BOARD OF EDUCATION
ADMINISTRATION BUILDING**

669 Avenue A
Bayonne, New Jersey 07002

JOHN J. NIESZ
SUPERINTENDENT OF SCHOOLS

Tel: (201) 858-5817
Fax: (201) 858-6289

July 29, 2020

Dear Staff:

This memorandum is intended to notify you of the district's expectations for staff when returning to work and provide information regarding available leave options for those members who are unable to perform their duties. Please contact the Personnel Office if there are any matters that are not sufficiently addressed within this notice.

As we await the decision on full remote virtual learning from the NJDOE, the district must prepare for return to a hybrid schedule and/or five day schedule. If mandated by the NJDOE, the Board must comply with this directive and its legal duty to provide students with an efficient and thorough public education. To do so, the Board of Education relies upon its dedicated staff and their invaluable commitment to students. Such commitment also serves to provide critical in-person support services to students which help identify students with learning deficits, students experiencing abuse, students suffering from substance abuse, and students battling with depression and/or suicidal ideation.

The health and safety of our students and staff is paramount. Part of the district's reopening plan will include protective measures that will be provided to you when finalized. For now, and at a minimum, the following procedures must be followed by all staff members who will be returning to work for the 2020-2021 school year:

- All staff must wear a mask while in the building, with the exception of those working alone in single occupancy office spaces. Staff may choose their own mask or use a mask provided by the School District, which will need to be regularly cleaned or laundered;
- Staff will frequently wash their hands and/or use district-provided sanitizer (of at least 60% alcohol) when unable to wash their hands; No staff member will report to work if they have had close contact with someone confirmed as having COVID-19 in the past fourteen (14) days, or are experiencing any of the following symptoms:
 - Cough
 - Shortness of breath or difficulty breathing
 - Fever (at or above 100.4°F) – all staff should check their own temperatures each day prior to reporting to work
 - Chills, or repeated shaking with chills

- Headache
 - Sore throat
 - Muscle pain
 - New loss of taste or smell
- If a staff member becomes ill while at work, s/he must immediately notify his/her supervisor. The staff member will be immediately sent home to seek appropriate medical care and will be prohibited from returning to work until s/he is symptom free and fever free (without the aid of fever-reducing medicine) for 72 hours.

You may be aware that, Congress enacted the Federal Families First Coronavirus Response Act (“FFCRA”) that provides qualifying employees with additional leave options in the form of the Emergency Paid Sick Leave Act (EPSLA) and the Emergency Family and Medical Leave Expansion Act (EFMLEA). For more information concerning these leave entitlements, please contact Susan Percella, 201-858-5803, spercella@bboed.org. Informative notices are also posted to the BBOED website under the Staff link – Covid-19.

For those staff members who, as a result of personal circumstances, cannot return to work for the 2020-2021 school year, please contact my office by or before August 14, 2020. For some staff members, difficult decisions must be made due to serious health conditions or lack of childcare, which may prevent them from working. Staff members are reminded to review the Board’s Policies concerning employee benefits and leaves of absence, along with the respective collective negotiations agreement regarding how paid and unpaid leaves may affect their health benefits, pension contributions and compensation. Employees are further invited to contact Personnel Office with any questions.

The FFCRA does not provide employees with an indefinite amount of leave. The EPSLA provides up to two weeks of fully or partially paid leave for specified reasons related to COVID-19. The EFMLEA does not grant employees with additional leave; rather, it provides employees with an additional reason to use leave under the Family and Medical Leave Act (“FMLA”), which provides employees with up to 12-weeks of leave. Though employees may be eligible for additional benefits, such as temporary disability benefits, those benefits are afforded for personal disability (including illness caused by COVID-19) and not childcare related issues. Staff members are encouraged to explore all childcare options as EFMLEA leave options are limited and will be insufficient to cover the entire 2020-2021 school year.

While studies are showing that children and adolescents are less likely to become infected and spread COVID-19, and that COVID-19 is as rare for them as other serious infection syndromes that do not cause schools to close, this continues to be a serious matter. Yet, there may be staff members who have medical conditions that make them “particularly vulnerable to COVID-19” and may be eligible for leave for that reason. Those staff members must submit a certification from their medical doctor in accordance with **Form A** (*attached*), in addition to a **Certification of Health Care Provider – Employee** (*also attached*), to assess eligibility for leave under the FMLA and/or EFMLEA.

A request to return to work by an employee whose doctor certifies that he/she is particularly vulnerable to COVID-19 and requires leave, will require an updated

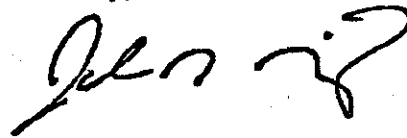
certification from the employee's doctor, which indicates that the employee is no longer particularly vulnerable to COVID-19. If the Employee does not provide the necessary clearance from his/her doctor, or as needed to ensure there is no direct threat to the Employee's health by returning to work, the Board of Education may require the Employee to undergo an examination by the Board's designated physician. As is the unfortunate reality, COVID-19 appears to be our reality for, at least, the remainder of the 2020-2021 school year.

Employees who are seeking leave due to childcare concerns, please submit a completed **Form B** (*attached*).

Employees who are seeking a reasonable accommodation to perform the essential functions of their position, please contact Meg Sarria, 201-858-5830, msarria@bboed.org for a copy of their job description. That job description, along with **Form C** (*attached*) must be submitted to the staff member's medical doctor for his/her review and completion.

It is important that I receive your responses by August 14, 2020 so that the Board can assess its staffing needs for the upcoming school year. Please send all responses to the attention of the Personnel Office, 669 Avenue A, Bayonne, NJ, 07002, covidleaverequest@bboed.org, fax – 201-339-7431.

Sincerely,

A handwritten signature in black ink, appearing to read "John Niesz", written in a cursive style.

John J. Niesz
Superintendent of Schools

/jp



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669 Avenue A
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Kenneth Kopacz
ASSISTANT SUPERINTENDENT

Tel: (201)-858-5847
Fax: (201)-339-7431

FORM A

(you must also submit a WH-380 Certification of Health Care Provider – Employee)

**Request for Reasonable Accommodation due to
“Particularly Vulnerable to COVID-19.”**

Employee to Complete:

Employee Name: _____

Job Title: _____

Work Schedule (days and times): _____

Work Site(s): _____

Physician to Complete:

Physician's Name: _____

Office Address: _____

Telephone: _____

Facsimile: _____

Email: _____

Information Concerning Employee *(please attach additional pages, as necessary):*

1. Medical Condition(s) that causes Employee to be particularly vulnerable to COVID-19:

2. For each condition, please explain **with a reasonable degree of medical certainty** *(use multiple forms, as needed)*:

- a. Approximate date when condition commenced.
- b. The anticipated duration of the condition (if unknown, please advise the condition will persist through June 30, 2021).
- c. How condition causes the Employee to be particularly vulnerable to COVID-19.
- d. Whether there are workplace accommodations that would decrease the risk for the Employee to perform the essential functions of his/her position (please refer to the Employee's job description).
- e. For any workplace accommodations you identified above, please explain how they would prevent the Employee from being particularly vulnerable to COVID-19.
- f. Under what circumstances would the Employee no longer be deemed particularly vulnerable to COVID-19?

3. Next treatment/examination date of Employee. _____

Doctor's Signature: _____

Date: _____

(see next page for medical authorization)



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**EMPLOYEE AUTHORIZATION TO RELEASE/DISCLOSE INFORMATION TO THE
BAYONNE BOARD OF EDUCATION.**

I, _____, authorize the Employee Health Department and the Office of the Superintendent of the Bayonne School District to speak with and disclose information and records to my doctor concerning the information contained herein, for purposes of seeking clarification of the information that has been provided. I similarly authorize my doctor, named above, to speak with and disclose information and records to the _____.

This authorization shall expire on June 30, 2021.



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FORM B

Requests for Leave due to Unavailability of Childcare

Employee Name: _____

Job Title: _____

Work Schedule (days and times): _____

Work Site(s): _____

Name of the employee's child(ren) for whom childcare is needed: _____

For each child, please identify:

Name of the school, place of care, or childcare provider that has closed or become unavailable due to COVID-19:

Period for Leave Request (up to 12 weeks): _____

If additional, unpaid, leave is requested, please advise as to the anticipated dates for the leave:



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Employee attestation:

I, _____, attest that no other suitable person is available to care for my child(ren) during the requested leave period, and therefore leave from work is necessary.

Employee Signature: _____ **Date:** _____



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FORM C

Request for Reasonable Accommodation

(you must present a copy of your job description to your physician)

Employee to Complete:

Employee Name: _____

Job Title: _____

Work Schedule (days and times): _____

Work Site(s): _____

Physician to Complete:

Physician's Name: _____

Office Address: _____

Telephone: _____

Facsimile: _____

Email: _____

Information Concerning Employee:

- a. Nature of medical condition:

- b. Anticipated duration of condition:

- c. How the condition impacts the Employee's activities of daily living (i.e., walking, thinking, breathing, focusing):

- d. How the condition impacts the Employee's ability to perform a duty or duties set forth in the Employee's job description (attached):

- e. Whether the Employee requires one or more workplace accommodations to perform any duty or duties listed in his/her job description;

- f. What workplace accommodations would enable the Employee to perform the duty or duties otherwise impacted by the medical condition:

- g. How each identified workplace accommodation will enable the Employee to perform the duty or duties impacted by the medical condition:

- h. Next scheduled examination date (during which the Employee's need for an accommodation will be re-assessed):

Physician's Signature: _____ **Date:** _____

(see next page for medical authorization)



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I, _____, authorize the Employee Health Department and the Office of the Superintendent of the Bayonne School District to speak with and disclose information and records to my doctor concerning the information contained herein, for purposes of seeking clarification of the information that has been provided. I similarly authorize my doctor, named above, to speak with and disclose information and records to the _____.

This authorization shall expire on June 30, 2021.

Employee Signature: _____ Date: _____



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Date: _____

**Notice of Eligibility and Rights & Responsibilities
(EMERGENCY PAID SICK LEAVE ACT)**

The Emergency Paid Sick Leave Act (the "Act") was enacted by the Federal Government in response to the coronavirus disease 2019 ("COVID-19") pandemic. The Act is effective from **April 1, 2020 to December 31, 2020.**

Part A – NOTICE OF ELIGIBILITY

Employee: _____

Full-time Part-time Varied schedule

Employer Representative:

On _____, you informed us that you were unable to work due to a Need for Leave because:

- (1) You are subject to a Federal, State or local quarantine or isolation order;
- (2) You have been advised by a health care provider to self-quarantine;
- (3) You are experiencing symptoms of COVID-19 and are seeking a medical diagnosis;
- (4) You are caring for an individual who is subject to an order as described in subparagraph (1) or has been advised as described in subparagraph (2), above;
- (5) You are caring for a minor child (under 18 years old) whose school or place of care has been closed, or the childcare provider is unavailable, due to COVID-19 precautions;
or
- (6) You are experiencing any other substantially similar conditions specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.



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This Notice is to inform you that you:

- Are eligible for (*See Part B for Rights and Responsibilities*)
- Are **not** eligible because:
 - _____
 - You are employed as a “healthcare provider” who is exempt from the benefits of the Act.
 - You are employed as an “emergency responder” who is exempt from the benefits of the Act.

If you have any questions about the information provided in this form, please contact or view the Families First Coronavirus Response Act posters located in _____.

Part B – RIGHTS AND RESPONSIBILITIES FOR TAKING EMERGENCY PAID SICK LEAVE

As explained in Part A, you meet the eligibility requirements for taking Emergency Paid Sick Leave under the Act, as provided below:

- Full-time employee with Need for Leave (1), (2) or (3) – two weeks (up to 80 hours) of fully paid time off (up to \$511 per day and \$5,110 in the aggregate).
- Part-time employee with Need for Leave (1), (2) or (3) – fully paid time off (up to \$511 per day and \$5,110 in the aggregate) for the typical number of hours that you work in a typical two-week period.
- Varied schedule employee with Need for Leave (1), (2) or (3) – fully paid time off for either: (i) subject to clause (ii), a number equal to the average number of hours that you were scheduled per day over the 6-month period ending on the date on which you take paid sick leave, including hours for which you took leave of any type; (ii) if you did not work over such period, the reasonable expectation you had at the time of hiring of the average number of hours per day that you would normally be scheduled to work.
- Full-time employee with Need for Leave (4), (5) or (6) – two weeks (up to 80 hours) of two-thirds your regular pay (up to \$200 per day and \$2,000 in the aggregate).
- Part-time employee with Need for Leave (4), (5) or (6) – the typical number of hours that you work in a typical two-week period at two-thirds of your regular pay (up to \$200 per day and \$2,000 in the aggregate).

- Varied schedule employee with Need for Leave (4), (5) or (6) – two-thirds of your regular pay for either: (i) subject to clause (ii), a number equal to the average number of hours that you were scheduled per day over the 6-month period ending on the date on which you take paid sick leave, including hours for which you took leave of any type; (ii) if you did not work over such period, the reasonable expectation you had at the time of hiring of the average number of hours per day that you would normally be scheduled to work.

REQUIRED DOCUMENTATION

In order to receive Emergency Paid Sick Leave, **within five (5) days of your initial absence**, you must provide your employer with documentation that:

- You have been diagnosed with or are caring for a family member diagnosed with COVID-19**
A letter or note from a health care provider that specifically states your name or your family member's name and diagnosis of COVID-19, including a start date and estimated return to work date will satisfy the documentation requirement.
- You have been ordered or advised to Self-Quarantine or Isolate**
Documentation from a local, state or federal agency, a medical professional, office, or hospital or proof that the employee was recently in a location where the recommendation by a governmental agency is to self-quarantine will satisfy the documentation requirement.
- You cannot work or telework due to a School or Child Care Closure**
A letter or communication from the preschool program, elementary, secondary school, childcare center, or local, state or federal governmental agency will satisfy the documentation requirement.

RESPONSIBILITIES

While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every _____. (*Indicate interval of periodic reports, as appropriate for the particular leave situation*).

If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on your certification form, you will be required to notify us at least two (2) workdays prior to the date you intend to report for work.