



## COVID-19 ADMINISTRATIVE LEAVE

(Updated January 12, 2022)

As required by NM state legislature House Bill 2, school districts must provide emergency sick leave similar to the federal Families First Coronavirus Response Act (FFCRA) to employees. ZPSD has COVID-19 Administrative Leave Procedures effective until June 30, 2022 (or until a state or federal mandated COVID-19 leave act comes into effect) so that ZPSD employees may be approved for paid administrative leave under the following conditions:

- An employee (***vaccinated or unvaccinated***) who has tested positive for COVID-19 by laboratory testing (*copy of test result must be submitted*).
- An ***unvaccinated*** employee identified by NM Department of Health (NMDOH) or ZPSD Administration as being in close contact with a confirmed COVID-19 positive person within his/her household who needs to quarantine. NMPED defines a close contact as an unvaccinated individual who over a 24-hour period has a cumulative exposure of fifteen minutes or longer within 6 feet of a confirmed COVID-19 case with or without a face covering.

The information in this document is based on the January 11, 2022 NMPED COVID-19 Response Toolkit for New Mexico's Public Schools. The toolkit can be found at: [https://webnew.ped.state.nm.us/wp-content/uploads/2022/01/NMPED\\_COVID19ResponseToolkit\\_PublicSch011122\\_PublicVersion.pdf](https://webnew.ped.state.nm.us/wp-content/uploads/2022/01/NMPED_COVID19ResponseToolkit_PublicSch011122_PublicVersion.pdf).

COVID-19 paid administrative leave will only be paid for the regular workdays occurring during the required period for COVID-19 isolation or quarantine. The Superintendent or Superintendent's designee shall request additional documentation for continuation of leave when necessary.

The Superintendent or the Superintendent's Designee is the final approver of COVID-19 administrative leave requests.

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Name (please print):

Date:

I have received the COVID-19 vaccine. Copy of COVID-19 vaccination card shall be submitted to HR.

- Yes  
 No

Employee Title/Position:

Department:

Employee Supervisor:

I would like to request District COVID-19 leave because:

- I have tested positive for COVID-19. I have a copy of the laboratory COVID-19 test result and will submit a copy with this request.  
 Yes

No

Dates of Leave Requested:

Total Number of Days Requested:

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Employee Signature:

Date:

HR Signature acknowledging receipt of documentation:

Date:

Superintendent Signature:

Date:

COVID Admin Leave Request

Approved

Denied

Request Form Received by Payroll:

Date: