



Cook County Schools

1102 North Hutchinson Avenue Adel, Georgia 31620

PH 229-896-2296 Fax 229-896-8286

Tim Dixon, Ed. D.
Superintendent Cook County Schools

Courtney Holley, Ed.D.
Director of Human Resources

Return to Work Guidelines for Employees

The following guidelines will take place beginning July 27, 2020, until further notice. All personnel will sign a Return to Work Acknowledgment Form, indicating they have read and understand the expectations outlined in this document.

- District administrators and department directors will establish appropriate personnel schedules that maintain the safety and well-being of staff.
- Everyone will be required to enter and exit through assigned doors.
- All personnel should check their body temperature prior to coming to work, to ensure they do not have a temperature at or above 100.4 degrees. If they do, or if they are feeling ill in any way, they should stay at home and notify their supervisor.
- The temperature of each person will be taken when they enter the building and temperatures will be recorded.
- Anyone with a temperature at or above 100.4 degrees or who appears ill upon arrival to work will have to return home.
- Anyone who becomes ill at work will have to return home, and their workspace must be sanitized.
- Anyone who has been directly exposed to Covid-19 will stay home for 5 consecutive days for self-monitoring.
- Hand sanitizer should be available by the door where employees enter and by sign-in portals. Soap, hand sanitizer, and disinfectants will be available throughout the building where appropriate. Remember, too, the best precaution is to wash with soap and water for twenty seconds or more whenever possible.
- Employees may wear face masks upon entering the building and in open areas. Everyone is welcome to wear face coverings all the time, if they prefer.
- Everyone should practice social distancing of six feet or more whenever possible and avoid physical contact such as handshaking, hugging, high fives, and elbow and fist bumps.
- Employees will sign-in using their mobile device if possible. Otherwise, hand sanitizer will be available adjacent to sign in portals.
- Employees should not share work tools, such as but not limited to, telephones, computers, or other instruments needed to perform duties without first sanitizing such equipment.

- For employees with offices, individuals should keep their door closed, as much as possible.
- When needing to speak with someone, maintain social distancing and, whenever possible, call or send virtual meeting links instead of visiting other's offices.
- Staff should ensure the cleaning of surfaces, door handles, etc. regularly throughout each workday.

Additional steps include the following:

- Post signs to remind employees to wash hands, use sanitizer, avoid touching their face, observe the sneeze/cough protocol, and practice social distancing.
- Create one-way hallways noted with signs/arrows for distancing purposes when possible.
- Appoint designated "enter" and "exit" doors that utilize one-way flow of traffic where possible in areas such as work rooms, front offices, etc.
- Leave doors to break rooms, kitchens, and conference rooms open when possible.
- Avoid congregating, particularly when having lunch or while on breaks. Eating at desks or eating outside while social distancing are all options.
- In this age of social media, many are aware of those who are not practicing social distancing while away from work. While we can't control what people do privately, we do ask that employees follow the CDC guidelines.
- Everyone should look out for each other, and sometimes a friendly reminder is all that is needed to help keep everyone safe.
- If anyone feels uncomfortable or unsafe about anything they see or hear, they should share it with their supervisor confidentially as soon as possible.
- Nothing in these guidelines is meant to substantively affect any protections and provisions of the Families First Coronavirus Response Act or any other related act or regulation. If employees have specific questions about their situation, they should contact the **Human Resources Director** by email at courtneyholley@cook.k12.ga.us or by phone at **229-896-2296**.

Thank you, everyone, for all you do. With these steps, we can remain well and get things back to normal! Additionally, we know some department members of our district have been working throughout, and we thank you!

* These guidelines are not intended to create any additional rights or interests for any party or person other than the Board of Education. Without limiting the generality of the foregoing, no rights are intended to be created for any student, parent or guardian of any student, spouse, or employee. These guidelines are not intended to limit the discretionary authority, or to create any liability for, or create a cause of action against the Board of Education or its officers, employees, volunteers, or designated individuals for any act or omission to act related to these guidelines.

Employee Return to Work Guidelines Acknowledgment Form

As an employee of the Cook County Board of Education, I have received notice to return to work beginning July 27, 2020. I understand the Board of Education seeks to ensure a safe workplace and that guidelines have been prepared to govern the return to work of essential employees. To prepare for a safe return to work, I have read and understand the expectations set forth in the Cook County Board of Education Return to Work Guidelines. Additionally, I have had the opportunity to ask questions and receive answers concerning the guidelines. Therefore, having read the guidelines document which consists of three pages, I agree to the best of my ability to follow the guidelines to maintain the safety and well-being of all employees returning to work.

Essential Personnel Return to Work Guidelines

What to Do If You Are Sick?

If you believe you are sick or have a fever, cough, or other symptoms which cause you to believe you may be sick, immediately notify your direct supervisor. If you believe you have been exposed to COVID-19, contact your healthcare provider by phone and make an appointment. Under these circumstances, you are neither expected nor allowed to work but should take necessary steps to take care of yourself. You should stay home except to seek medical care and follow the directions of your health care provider as well as health protocols of the Centers for Disease Control and Prevention (CDC).

The School District follows the Families First Coronavirus Response Act (FFCRA), which provides paid leave under the circumstances defined in the Act. Please contact the Human Resources Director who will provide appropriate information regarding your rights, conditions, and limitations under FFCRA. If you test positive or have COVID-19, you will not be allowed to return to work until your health provider provides the School District a document confirming you may return to work. However, the School District will work with you to ensure a safe re-entry into your School District position.

I acknowledge that I have received a copy of the document entitled "What to Do If You Are Sick" and agree to follow the steps presented in this document and the safety guidelines of the CDC.

Signature: _____

Date: _____

Printed Name: _____

Date: _____

The Families First Coronavirus Response Act

Emergency Paid Sick Leave Request Form

*To complete this form online please go to the link below:

<https://forms.gle/ou67rhZgXuQhSzPZ6>

The Families First Coronavirus Response Act (FFCRA), under the Emergency Paid Sick Leave Act (EPSLA), requires a certain amount of paid sick leave to be provided to employees.

- Full-time employees are entitled to 80 hours of paid sick time.
- Part-time employees are entitled to a number of hours of paid sick time equal to the number of hours that such an employee works, on average, over a 2-week period.

*To request emergency paid sick leave as provided under the FFCRA, please complete this request form and submit it to the Human Resources Department for consideration. This request is to be completed as soon as possible before sick leave begins.

Name: _____ Date: _____

School/Department: _____ Position: _____

NOTE: Please place a check mark beside the EPSLA that applies to your situation.

1. _____ The employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19. Name of the governmental entity ordering quarantine or isolation:
2. _____ The employee has been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19. Name of the health care provider advising self-quarantine:
3. _____ The employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis. I understand that the symptoms are shortness of breath, fever, dry cough, and other symptoms identified by the CDC. See <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>. I understand that leave is provided only for my affirmative steps to obtain a medical diagnosis, such as making, waiting for, or attending an appointment for a test for COVID-19. I also understand that before returning to work, I will need to provide a physician's note, or I will provide an attestation that I have met CDC return-to-work requirements.
4. _____ The employee is caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

a. Please specify the individual, his/her relation to you, and his/her address:

b. Name of the governmental entity ordering quarantine or isolation:

c. Name of the health care provider advising to self-quarantine:

5. _____ The employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the child care provider of such son or daughter is unavailable, due to COVID-19 precautions. For each child, please provide the following information (attach additional pages if necessary):

<u>Name of Child *</u>	<u>Age</u>	<u>Name of School or Child Care Facility/Provider Closed due to Covid-19</u>
<u>Name of Child *</u>	<u>Age</u>	<u>Name of School or Child Care Facility/Provider Closed due to Covid-19</u>
<u>Name of Child *</u>	<u>Age</u>	<u>Name of School or Child Care Facility/Provider Closed due to Covid-19</u>

* "Child" includes children under 18 years of age and children age 18 or older who are incapable of self-care because of a mental or physical disability.

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.

*Employee acknowledgement: I am unable to work because of the above indicated reason. The information provided in this form is true and correct to the best of my knowledge.

**Electronic Signature Agreement: By selecting "I Accept," you are signing this Request Form electronically. You agree your electronic signature is the equivalent of your manual signature on this form.

_____ I ACCEPT

Employee Signature: _____ Date: _____

HR Department Signature: _____ Position: _____