



# LEAVE OPTIONS AVAILABLE FOR COVID-19 PANDEMIC-RELATED ABSENCES

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dodea

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY

This document has been updated now that the authority to use Emergency Paid Sick Leave (EPSL) under the Family First Coronavirus Response Act (FFCRA) during the time period of April 1, 2020 through December 31, 2020 is over. It has also been updated in response to additional situations caused by the worldwide pandemic.

This document provides potential situations that may occur during the COVID-19 Pandemic and leave options supervisors are authorized to approve when employees are in a duty status. This guide does not include all possible scenarios that may require an employee's need to request leave from duty. The guide does not address all employee or family member illness or emergencies. This guide should also be used as a reference concerning necessary actions in the event of an employee's potential exposure to or infection with COVID-19.

Generally, school-level employees, assigned to a brick and mortar school, are not eligible to work from home or other Alternate Work Location unless 1) the school is operating in a remote learning environment, 2) the school has been closed because someone in the school tested positive for COVID 19, or 3) through contact tracing, management identifies an employee who has been exposed to COVID-19 at the workplace and sends the employee home to quarantine, as directed by public health.

Nothing in this document changes the requirement that employees must still request leave and follow all leave requesting procedures. The following situations do not alter management's discretion related to the approval or denial of Annual, Personal, Any Purpose Leave (APL), or Leave Without Pay (LWOP) based on the mission of the Agency. LMER staff are available to address any questions supervisors may have regarding this guidance.

Additionally, this document does not provide guidance on entitlements under the Federal Employees' Compensation Act (FECA). Federal employees who develop COVID-19 while in the performance of their federal duties may be entitled to workers' compensation coverage pursuant to the Federal Employees' Compensation Act (FECA). Managers and employees can learn about filing COVID-19 claims under FECA by visiting:

<https://www.dodea.edu/Offices/HR/employees/benefits/injuryCompensation/index.cfm>

Situation	Weather and Safety (W&S)/ Administrative Leave	Emergency Paid Sick Leave (EPSL)	Educator/ Sick Leave	Annual /Personal/Any Purpose Leave (APL)/Leave Without Pay (LWOP)	Documentation Required
<p>1. Employee tested positive for COVID-19 and was not identified through contact tracing as having been exposed to COVID-19 at the workplace. (See situation #22 below for employees testing positive after being exposed at the workplace.)</p>	<b>NO</b>	<b>NO (authority to use EPSL expired 1/1/2021)</b>	<b>YES</b>	<b>YES</b>	<p>Employee's self-certification. However, the requirement to provide the name of the healthcare provider/testing facility may be required for LWOP, or continued leave approval after the absence of more than three consecutive days.</p>
<p>2. Employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis.</p>	<b>NO</b>	<b>NO (authority to use EPSL expired 1/1/2021)</b>	<b>YES</b>	<b>YES</b>	<p>Employee's self-certification. However, the requirement to provide the name of the healthcare provider may be required for LWOP, or continued leave approval after the absence of more than three consecutive days.</p>
<p>3. Employee is experiencing COVID-19 symptoms and was advised by a healthcare provider to quarantine.</p>	<b>NO</b>	<b>NO (authority to use EPSL expired 1/1/2021)</b>	<b>YES</b>	<b>YES</b>	<p>Employee's self-certification. However, the requirement to provide the name of the healthcare provider may be required for LWOP, or continued leave approval after the absence of more than three consecutive days.</p>

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4. Employee is experiencing COVID-19 symptoms, has not traveled, or had close contact with someone with COVID, and is not seeking a medical diagnosis.	<b>NO</b>	<b>NO (authority to use EPSL expired 1/1/2021)</b>	<b>YES</b>	<b>YES</b>	Employee's self-certification. However, the requirement to seek a medical diagnosis and provide the name of the healthcare provider may be required for LWOP, or continued leave approval after the absence of more than three consecutive days.
5. Asymptomatic employee believes they may have been exposed to COVID-19 through close contact with someone diagnosed by a healthcare provider and is seeking a medical diagnosis. Employee was not identified through contact tracing as having been exposed to COVID-19 at the workplace. (See situation #20 below for employees exposed at the workplace.)	<b>NO</b>	<b>NO (authority to use EPSL expired 1/1/2021)</b>	<b>YES <i>* Limited to time making, waiting for, or attending an appointment for a test for COVID-19.</i></b>	<b>YES</b>	Employee's self-certification. However, the requirement to provide the name of the healthcare provider may be required for LWOP, or continued leave approval after the absence of more than three consecutive days.

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<p>6. Symptomatic employee believes they may have been exposed to COVID-19 through close contact with someone diagnosed by a healthcare provider. Employee was NOT identified through contact tracing as having been exposed to COVID-19 at the workplace.</p>	<p><b>NO</b></p>	<p><b>NO (authority to use EPSL expired 1/1/2021)</b></p>	<p><b>YES</b></p>	<p><b>YES</b></p>	<p>Employee's self-certification. However, the requirement to provide the name of the healthcare provider may be required for LWOP, or continued leave approval after the absence of more than three consecutive days. Additionally, per the Home-based Screening Acknowledgment, employees are required to consult with local public health officials for potential testing and evaluation as a possible close contact; as well as follow applicable public health or local installation quarantine, isolation, and Restriction of Movement (ROM) requirements.</p>

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<p>7. Asymptomatic employee believes they may have been exposed to COVID-19 through close contact with someone diagnosed and is waiting on test results. Employee was NOT identified through contact tracing as having been exposed to COVID-19 at the workplace.</p>	<p><b>NO</b></p>	<p><b>NO</b> <b>(authority to use EPSL expired 1/1/2021)</b></p>	<p><b>YES</b> <i>* If advised by healthcare provider to quarantine while waiting on test results</i></p>	<p><b>YES</b></p>	<p>Employee's self-certification. However, the requirement to provide the name of the healthcare provider/testing facility may be required for LWOP, or continued leave approval after the absence of more than three consecutive days.</p> <p>Additionally, per the Home-based Screening Acknowledgment, employees are required to consult with local public health officials and follow applicable public health or local installation quarantine, isolation, and Restriction of Movement (ROM) requirements.</p>
<p>8. Asymptomatic employee has been in close contact with an individual exposed to COVID-19 and has been advised by a healthcare provider to quarantine because the employee's presence on the job may jeopardize the health of others.</p>	<p><b>NO</b></p>	<p><b>NO</b> <b>(authority to use EPSL expired 1/1/2021)</b></p>	<p><b>YES</b></p>	<p><b>YES</b></p>	<p>Employee's self-certification. However, the requirement to provide the name of the healthcare provider may be required for LWOP, or continued leave approval after the absence of more than three consecutive days.</p>

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<p>9. Employee stays home to avoid getting COVID-19 and has not been advised to self-quarantine by a healthcare provider because they are particularly vulnerable.</p>	<p><b>NO</b></p>	<p><b>NO</b> (authority to use EPSL expired 1/1/2021)</p>	<p><b>NO</b></p>	<p><b>YES</b></p>	<p>Employee's self-certification. However, the requirement to consult with a healthcare provider and provide medical documentation may be required for LWOP, or continued leave approval after the absence of more than three consecutive days.</p>
<p>10. Asymptomatic employee says they have been in close contact with an individual exposed to COVID-19 and decides to quarantine without seeking a medical diagnosis.</p>	<p><b>NO</b></p>	<p><b>NO</b> (authority to use EPSL expired 1/1/2021)</p>	<p><b>NO</b></p>	<p><b>YES</b></p>	<p>Employee's self-certification. However, per the Home-based Screening Acknowledgment, employees are required to consult with local public health officials for potential testing and evaluation as a possible close contact; as well as follow applicable public health or local installation quarantine, isolation, and Restriction of Movement (ROM) requirements.</p>

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11. Employee has been directed or advised to quarantine by a healthcare provider because the employee is particularly vulnerable to COVID-19, preventing the employee from working.	<b>NO</b>	<b>NO (authority to use EPSL expired 1/1/2021)</b>	<b>YES</b>	<b>YES</b>	Employee's self-certification. However, the requirement to provide medical documentation may be required for LWOP, or continued leave approval after the absence of more than three consecutive days.
12. Employee is scheduled for surgery and has been directed to quarantine by a healthcare provider prior to surgery.	<b>NO</b>	<b>NO (authority to use EPSL expired 1/1/2021)</b>	<b>YES</b>	<b>YES</b>	Employee's self-certification. However, the requirement to provide medical documentation may be required for LWOP, or continued leave approval after the absence of more than three consecutive days.
13. Asymptomatic employee in the United States, including Puerto Rico and Guam is subject to a Federal, State, or local quarantine order related to COVID-19, generally due to non-official travel, and employee is not subject to a DoD/DoDEA mandated quarantine	<b>NO</b>	<b>NO (authority to use EPSL expired 1/1/2021)</b>	<b>NO</b>	<b>YES</b>	Name of the government entity that issued the quarantine order.

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14. Symptomatic employee in the United States, including Puerto Rico and Guam is subject to a Federal, State, or local isolation order related to COVID-19, generally due to non-official travel, and employee is not subject to a DoD/DoDEA mandated quarantine.	NO	NO (authority to use EPSL expired 1/1/2021)	YES	YES	Name of the government entity that issued the isolation order.
15. Employee gets sick or has side effects that cause the employee to not be able to come to work after voluntarily receiving the COVID-19 vaccination.	NO	NO (authority to use EPSL expired 1/1/2021)	YES	YES	Employee's self-certification. However, the requirement to provide the name of the healthcare provider may be required for LWOP, or continued leave approval after the absence of more than three consecutive days.
16. Employee is subject to a mandatory DoD/DoDEA quarantine/restriction of movement (ROM) after traveling (whether travel was official or personal).	YES	NO (authority to use EPSL expired 1/1/2021)	NO	NO (W&S is more beneficial to employee)	Travel dates; Originating location, transit, stop over locations, and destination.
17. When a spouse/dependent family member returns from travel, the family member is required to ROM, and the military command/military public health requires the entire household/family to also ROM.	YES	NO (authority to use EPSL expired 1/1/2021)	NO	NO (W&S is more beneficial to employee)	Travel dates; Originating location, transit, stop over locations, and destination.

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18. While in a DoD/DoDEA mandated quarantine/ROM, employee tests positive for COVID-19 and was NOT identified through contact tracing as having been exposed to COVID-19 at the workplace.	<b>NO</b>	<b>NO (authority to use EPSL expired 1/1/2021)</b>	<b>YES</b>	<b>YES</b>	Employee's self-certification. However, the requirement to provide the name of the healthcare provider/testing facility may be required for continued LWOP, or leave approval after the absence of more than three consecutive days.
19. Employee is not authorized/ineligible to work from home and school is closed due to an "in-school" COVID-19 positive case.	<b>YES</b>	<b>NO (authority to use EPSL expired 1/1/2021)</b>	<b>NO (W&amp;S is more beneficial to employee)</b>	<b>NO (W&amp;S is more beneficial to employee)</b>	N/A
20. Asymptomatic employee is identified through contact tracing that he/she has been exposed to COVID-19 at the workplace and has been sent home to quarantine. <i>Note that the workplace does not have to be the permanent duty location listed on the employee's SF-50. For instance, if an ISS was required to visit a DoDEA school and is exposed, the employee was exposed "at the workplace." Additionally, if a teacher was required to attend a meeting at the DSO and was exposed, the employee was exposed "at the workplace."</i>	<b>YES</b>	<b>NO (authority to use EPSL expired 1/1/2021)</b>	<b>NO</b>	<b>NO (W&amp;S is more beneficial to employee)</b>	N/A

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21. Formerly asymptomatic employee who has been receiving weather & safety leave due to exposure to COVID-19 at the school/workplace becomes symptomatic and school/workplace is no longer closed. Employee is seeking a medical diagnosis.	<b>NO</b>	<b>NO (authority to use EPSL expired 1/1/2021)</b>	<b>YES</b>	<b>YES</b>	Federal employees who develop COVID-19 while in the performance of their federal duties may be entitled to workers' compensation coverage pursuant to the Federal Employees' Compensation Act (FECA). Information about filing COVID-19 claims and providing documentation under FECA by visiting: <a href="https://www.dodea.edu/Offices/HR/employees/benefits/injuryCompensation/index.cfm">https://www.dodea.edu/Offices/HR/employees/benefits/injuryCompensation/index.cfm</a>
22. Formerly asymptomatic employee who has been receiving weather & safety leave due to exposure to COVID-19 at the school/workplace tests positive for COVID.	<b>NO</b>	<b>NO (authority to use EPSL expired 1/1/2021)</b>	<b>YES</b>	<b>YES</b>	Employee's self-certification. However, the requirement to provide the name of the healthcare provider/testing facility may be required for LWOP, or continued leave approval after the absence of more than three consecutive days.

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<p>23. Employee is caring for a family member, in the United States, including Puerto Rico and Guam, who is asymptomatic and is subject to a Federal, State, or local quarantine order related to COVID-19, generally due to non-official travel. (See situation # 29 if family member has been advised to quarantine by a healthcare provider.)</p>	<p><b>NO</b></p>	<p><b>NO (authority to use EPSL expired 1/1/2021)</b></p>	<p><b>NO</b></p>	<p><b>YES</b></p>	<p>Requirement to provide the name of the family member being cared for, relationship to the individual being cared for, and name of the government entity that issued the quarantine order may be required for approval to use LWOP or after the absence of more than three consecutive days.</p>

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<p>24. Employee is caring for a family member, in the United States, including Puerto Rico and Guam, who is symptomatic and is subject to a Federal, State, or local isolation order related to COVID-19, generally due to non-official travel.</p>	<p><b>NO</b></p>	<p><b>NO (authority to use EPSL expired 1/1/2021)</b></p>	<p><b>YES</b></p>	<p><b>YES</b></p>	<p>Requirement to provide the name of the family member being cared for, relationship to the individual being cared for, and name of the government entity that issued the quarantine order may be required for approval to use LWOP or after the absence of more than three consecutive days.</p> <p>Additionally, per the Home-based Screening Acknowledgment, employees are required to consult with local public health officials for potential testing and evaluation as a possible close contact; as well as follow applicable public health or local installation quarantine, isolation, and Restriction of Movement (ROM) requirements.</p>

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<p>25. Employee is caring for an asymptomatic family member who would, as determined by a health care provider, jeopardize the health of others by that family member's presence in the community because of exposure to COVID-19.</p>	<p><b>NO</b></p>	<p><b>NO (authority to use EPSL expired 1/1/2021)</b></p>	<p><b>YES</b></p>	<p><b>YES</b></p>	<p>Requirement to provide the name of the family member being cared for, relationship to the individual being cared for, and name of healthcare provider may be required for approval to use LWOP or after the absence of more than three consecutive days.</p>

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<p>26. Employee’s family member is sick with COVID-19, or showing symptoms of COVID-19 and family is seeking a medical diagnosis.</p>	<p><b>NO</b></p>	<p><b>NO (authority to use EPSL expired 1/1/2021)</b></p>	<p><b>YES</b></p>	<p><b>YES</b></p>	<p>Requirement to provide the name of the family member being cared for, relationship to the individual being cared for, and name of the healthcare provider may be required for approval to use LWOP or after the absence of more than three consecutive days.</p> <p>Additionally, per the Home-based Screening Acknowledgment, employees are required to consult with local public health officials for potential testing and evaluation as a possible close contact; as well as follow applicable public health or local installation quarantine, isolation, and Restriction of Movement (ROM) requirements.</p>

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<p>27. Employee is caring for a family member who has tested positive for COVID-19 and has been advised to self-quarantine or self-isolate by a healthcare provider.</p>	<p><b>NO</b></p>	<p><b>NO (authority to use EPSL expired 1/1/2021)</b></p>	<p><b>YES</b></p>	<p><b>YES</b></p>	<p>Requirement to provide the name of the family member being cared for, relationship to the individual being cared for, and name of the healthcare provider may be required for approval to use LWOP or after the absence of more than three consecutive days.</p> <p>Additionally, per the Home-based Screening Acknowledgment, employees are required to consult with local public health officials for potential testing and evaluation as a possible close contact; as well as follow applicable public health or local installation quarantine, isolation, and Restriction of Movement (ROM) requirements.</p>

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<p>28. Employee must stay home to care for asymptomatic family member who was exposed to COVID-19 and is seeking a medical diagnosis.</p>	<p><b>NO</b></p>	<p><b>NO</b> (authority to use EPSL expired 1/1/2021)</p>	<p><b>YES</b> <i>* Limited to time making, waiting for, or attending an appointment for a test for COVID-19.</i></p>	<p><b>YES</b></p>	<p>Requirement to provide the name of the family member being cared for, relationship to the individual being cared for, and name of the healthcare provider may be required for approval to use LWOP or after the absence of more than three consecutive days.</p> <p>Additionally, per the Home-based Screening Acknowledgment, employees are required to consult with local public health officials for potential testing and evaluation as a possible close contact; as well as follow applicable public health or local installation quarantine, isolation, and Restriction of Movement (ROM) requirements.</p>
<p>29. Employee is caring for a family member who has been advised by a healthcare provider to self-quarantine because the family member is particularly vulnerable to COVID-19.</p>	<p><b>NO</b></p>	<p><b>NO</b> (authority to use EPSL expired 1/1/2021)</p>	<p><b>NO</b></p>	<p><b>YES</b></p>	<p>Requirement to provide the name of the family member being cared for, relationship to the individual being cared for, and name of the healthcare provider may be required for approval to use LWOP or after the absence of more than three consecutive days.</p>

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30. Employee is caring for child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons.	<b>NO</b>	<b>NO (authority to use EPSL expired 1/1/2021)</b>	<b>NO</b>	<b>YES</b>	Requirement to provide the name of the school, place of care, or child care provider, name of the family member being cared for, relationship to the individual being cared for, and statement that no other suitable person is available to care for the child may be required for approval to use LWOP or after the absence of more than three consecutive days.