

McLennan Community College

POLICIES AND PROCEDURES

Reference:	F-I-d, 11	Effective Date	12/08/2022
Subject:	Emergency Sick and Personal Leave – COVID-19		
Source:	President		
Approval Authority:	President	Approval Date	12/08/2022
Approved by Leadership Team:	Benson:	Hills:	McKown:
History:	Original policy approved on 7/6/2020. Policy was suspended from 5/20/2021 – 8/30/2021, but reapplied retroactively from 5/21/2021		
Remarks:	Policy suspended 12/08/2022.		

As permitted by Policies F-I-d, 5 and F-I-d, 4, this policy details emergency leave options permitted during the COVID-19 pandemic.

Emergency Sick Leave (Authorized by Policy F-I-D, 5)

For employees who are diagnosed with COVID-19 by a medical professional or a positive test result:

- Regular, full-time, benefit-eligible employees who have been fully vaccinated or recently started the vaccination process for COVID-19 or who have recovered in the past 6 months from testing positive for COVID-19 will be placed on emergency sick leave for the duration of their self-isolation and until cleared to come back to work.
 - Emergency sick leave does not impact the employee's personal sick leave balance.
 - Employees will be required to provide proof of vaccination or proof of a positive COVID-19 test result within the past 6 months.
- Regular, full-time, benefit-eligible employees who have not been fully vaccinated for COVID-19 will be required to use all available forms of leave for the duration of their self-isolation and until cleared to comb back to work. If an employee uses all accumulated leave, the employee will be placed on emergency leave until cleared to come back to work.

Emergency Personal Leave (Authorized by Policy F-I-d, 4)

For employees who have been instructed by the College to self-isolate due to contact with a confirmed COVID-19 case:

- Regular, full-time, benefit-eligible employees who have been fully vaccinated or recently started the vaccination process for COVID-19 or who have recovered in the

past 6 months from testing positive for COVID-19 will be placed on emergency personal leave for the duration of their self-isolation period.

- Emergency personal leave does not impact the employee's personal leave or vacation leave balances.
 - Employees will be required to provide proof of vaccination or proof of a positive COVID-19 test result within the past 6 months.
- Regular, full-time, benefit-eligible employees who have not been fully vaccinated for COVID-19 will be required to use all available forms of leave for the duration of their self-isolation period. If the employee uses all accumulated leave, the employee will be placed on emergency personal leave until cleared to come back to work.

If an employee has a medical or religious reason for an immunization exemption, they may complete the McLennan Community College Statement of Exemption for Immunization Form, which is available from the Human Resources Office. Once complete the form will be submitted to the Human Resources Office.

Employees are encouraged to take the appropriate actions to ensure their health, but with the appropriate approvals, and employee may work remotely when diagnosed with COVID-19 or when required to self-isolate. Faculty must notify the appropriate Division Chair and Staff should refer to Policy F-I-j (Non-Faculty Employee Telecommuting Policy).

McLennan Community College Statement of Exemption from Immunization

Legal Name: _____ Date of Birth: _____

Chosen Name (if applicable): _____

Address: _____

Phone: _____

Medical Exemption:

The medical condition of the above-named person is such that the _____
Immunization would endanger their life or health.

Comments:

Physician Signature: _____ Date: _____

NOTE: A physician is a doctor of medicine or osteopathy who is authorized to practice medicine or surgery by the State of Texas.

Physician Practice Seal or Stamp (REQUIRED):

Religious Exemption:

The Equal Employment Opportunity Commission defines religious beliefs to include the “moral or ethical beliefs as to what is right and wrong which are sincerely held with the strength of traditional religious views.”

My religious beliefs as defined above exempt me from receiving the _____ immunization.

Please provide any details to help us understand your beliefs or views on the vaccine.

NOTE: Social, political, or economic philosophies, as well as personal preferences, are not protected as religious beliefs under Title VII of the Civil Rights Act of 1964.

Signature: _____

Printed Name: _____

Date: _____