

Memorandum of Understanding  
November 29th, 2021  
Between ISD #002 and All Certified Staff (as listed on the signature portion)

Purpose: The purpose of the Memorandum of Understanding is to provide additional paid leave to employees who are unable to work due to the COVID-19 pandemic. The district recognizes that the COVID-19 pandemic has had, or will have, an adverse impact on many of District #002 employees. The district also recognizes that many employees will need to be out of work for significantly longer periods of time than a typical illness. ISD #2 knows that we have staff shortages, and we need all our employees who are well enough, and meet the criteria, to be at work. To support employees, while also assuring student and staff safety are a top priority, the district is offering additional paid leave for use during the 2021/2022 fiscal year. Additional paid COVID leave will be given for those individuals unable to work that meet the criteria listed below:

“Employee/Employee Household who is COVID positive must be verified by a test result and in a required quarantine based on district guidelines. The COVID leave will be up to 10 days per occurrence and will only be allowable during the days that meet the criteria above.”

Employees out with COVID symptoms who do not meet the guidelines above should utilize sick leave, personal leave, vacation leave, or unpaid time off. The COVID leave will be assigned a separate COVID-19 sick leave code, which will require verification and approval by District Administration. There will be instances where employees will be allowed to work from home as a school related absence, these will be worked out with their administrator and are not part of this agreement.

This MOU does not set precedent regarding leave accrual, use, or any other item in a bargained agreement. This MOU is set to expire on June 30, 2022

Adopted on (Date): \_\_\_\_\_

Board Signature: \_\_\_\_\_

HCUE Signature: \_\_\_\_\_

AFSCME Signature: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_

Building and Grounds Director Signature: \_\_\_\_\_

Food Service Supervisor Signature: \_\_\_\_\_

Community Ed. Signature: \_\_\_\_\_

Principal Signature: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_