

# The Impact of Paid Leave on School Functioning During COVID-19

[Family & Community Health](#)

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Access to paid leave has been an essential and often under-recognized element for ensuring schools' safe functioning during the COVID-19 pandemic. Without paid leave, school staff may feel conflicted about staying home when they feel sick or have been exposed to COVID-19—they are put in the unenviable position of going without pay or potentially threatening the health and safety of their colleagues, students and community. For the [about 80%](#) of K-12 teachers and staff who have received at least one COVID-19 vaccine dose, they can return to the classroom with a new sense of safety. Yet, we need federal action to reduce the inequities in school paid leave policies—including sick, family and medical leave—that have been laid bare by the pandemic, inequities that create uncertainty for future seasonal transmission of COVID-19 or other respiratory viruses like influenza that impact schools throughout the year.

## Paid leave policies vary greatly across U.S. school districts

[Research has shown](#) that workers without paid sick leave are less likely to take time off when ill, which similarly may discourage school staff from participating in regular COVID-19 testing—a [critical tool](#) for safely keeping schools open for in-person instruction—for fear of a positive test. Furthermore, like all parts of the workforce, school staff, who are [overwhelmingly](#) women and [comparatively low wage](#) for professionals with college degrees, need to be able to stay home to care for a sick family member or if they do not have child care. While in this piece we focus on the availability of paid leave to school staff, it is important to note that the relationship of paid leave to safe school functioning during the pandemic, and beyond, is multifaceted—parents without paid leave at work are more likely to send their children to school or child care when sick.

Without a federally mandated and sustainably financed paid leave policy in the United States, and outside of the states that have their own policies ([for sick leave](#) and [for family and medical leave](#)), decisions are pushed down to local jurisdictions and individual employers, including school districts.

The complexity and inefficiency of this system during a pandemic have been starkly apparent in terms of schools' paid leave policies for their staff, which vary greatly across the country. [In a pre-pandemic national survey](#) conducted by the National Council on Teacher Quality, about three-quarters of districts surveyed offered 10-14 days to teachers for sick and personal leave (note, the survey does not explore the question of other school staff). This would *just* cover the amount of time that an individual is required to quarantine after exposure to COVID-19 or a positive test. The survey also showed that most districts allowed teachers to carry over sick time, which means that those who have been working longer are likely in a better position to weather the current crisis.

Even in the handful of states that have enacted paid family and medical leave policies, there [have been issues](#) around exemptions for public sector workers, which can include teachers. In addition, the way that district policies are structured may disincentivize teachers and staff from taking time off when sick. Sometimes schools do not use a pool of substitutes and instead have other staff take on their colleagues' workload. Or, [in some states and jurisdictions](#), teachers who have already utilized their allotted paid leave days must deduct the cost of a substitute from their salaries. These policies have been especially concerning in the context of the COVID-19 pandemic.

## The federal response has been limited

The Family First Coronavirus Response Act (FFCRA), passed in spring 2020, [included provisions](#) for emergency paid leave that while limited, were incredibly important. All local and state government employees—including teachers, administrators, staff, and other school employees—[were eligible](#) for up to 80 hours of paid sick leave and up to 10 additional weeks of paid family leave. It is important to note that school district leadership have [called the FFCRA's paid leave provisions](#), which were financed by a refundable tax credit, an “unfunded mandate” and made clear that more federal support would be necessary in the future to support any mandated paid leave.

[Still, an analysis of the FFCRA's emergency sick leave provisions](#) showed that the policy reduced COVID-19 transmission in states with new access to two weeks of paid leave. Despite this temporary progress, the FFCRA provisions expired at the end of 2020. The American Rescue Plan, passed in spring 2021, originally included paid leave provisions like those of the FFCRA, but in its final version only extended the tax credit for employers who voluntarily provide paid leave. The American Families Plan, which is the second part of the Biden administration’s sweeping physical and human infrastructure reforms, is now [expected](#) to include paid family and medical leave.

Without this national-level policy in place, a scan of publicly available information and news revealed great variety in school district policies after the FFCRA expired in terms of what they offered and how they paid for it. While it is difficult to get a full picture, approaches varied from:

- teachers and staff having to use their own sick leave or take unpaid time off if they contracted COVID-19 or if they needed to quarantine after exposure,
- districts offering COVID-related leave for a limited period using remaining funds from the federal stimulus package (or other sources),
- districts allowing asymptomatic COVID-positive individuals identified in assurance testing programs to work remotely and avoid using leave days, and
- districts allowing employees with accrued sick leave to donate it to other staff who needed COVID-related leave, also known as a “sick bank.”

## Paid leave policies can stop the spread of infectious diseases

For the sake of both public health and equity, more research is needed to better understand the relationship between school district paid leave policies and rates of school-based COVID-19 transmission. In the absence of this specificity, we can look to studies that have examined influenza like illnesses (ILI) to understand how paid leave policies interact with behavior and community spread of infectious disease. In one [influenza epidemic simulation](#) exploring the relationship between “presenteeism,” or coming to work while sick, and workplace transmission, universal paid sick days were associated with 6% fewer workplace infections.

In [other work](#) that used the Medical Expenditure Panel Survey to identify factors associated with missed work for an employee’s own or a child’s illness or injury, authors found that access to paid sick days was associated with a higher probability of staying home for an employee’s own illness or injury and for that of a child. This work also showed that access to paid sick leave may be especially important to reducing disparities for Hispanic workers, enabling more stay-at-home behavior. [A national survey](#) (from before the pandemic) found that not having paid sick days was associated with an 18-percentage point increase in ill employees coming to work and risking spread of disease in the workplace.

Despite the protection offered by rising COVID-19 vaccination rates among school staff, schools will continue to be impacted by both COVID-19 and ILI for the foreseeable future. From the evidence that we have, we know that inequities in school district policies on paid leave could contribute to the spread of disease. While additional research is needed to understand the true impact access to paid leave had on COVID-19 transmission, variation in paid leave policies points to the urgent need for national standardization. Without a national standard on paid leave, we cannot leverage its potential as part of the solution to keeping schools open safely during the pandemic, and into the future.

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*Deanna Marshall, MPH, is a former research associate at PolicyLab.*

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Test Positivity Rate & Case Counts by County

<https://upenn.maps.arcgis.com/apps/opsdashboard/index.html#/47ebae88cd2b4006890a08dabea0e4ae>

<https://upenn.maps.arcgis.com/apps/opsdashboard/index.html#/71185ce551fb4ddd9bfb73542bdd60e7>



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