**Additional Justification for Staffing**

**NM Schools COVID-19 Testing Program**

**Direct Funding**

**Instructions**

Please complete this document to provide additional information on the staffing reimbursements that you are requesting. **If you are requesting reimbursements for more than 10 staff people, please contact us at** [**reports@nmschoolscovidtesting.com**](mailto:reports@nmschoolscovidtesting.com)**.** Please upload this form to your share link or send to [reports@nmschoolscovidtesting.com](mailto:reports@nmschoolscovidtesting.com).

**Time Period of Reimbursement Request:**

**Staffing Details**

**Below, please indicate the staff members for whom you are requesting reimbursement. For each person, include:**

1. Their name
2. Their title
3. Whether you are requesting reimbursement for the entirety of their salary, a portion of their salary\*, or a stipend.
4. What percentage of benefits you are claiming for reimbursement (must be proportional to % FTE spent on COVID-19 related duties)
5. The duties/responsibilities of that person related to COVID-19 prevention, mitigation, and response.
6. The total amount requested for that individual.

***\* If you are requesting a portion of salary, you must provide a timesheet or a document listing estimated hours per week as backup in addition to this document. Averages will not be accepted.***

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| **1.** | |
| **Name** |  |
| **Title** |  |
| **Staffing Reimbursement Type** |  |
| **Percentage of Benefits** |  |
| **Duties** |  |
| **Total** |  |

|  |  |
| --- | --- |
| **2.** | |
| **Name** |  |
| **Title** |  |
| **Staffing Reimbursement Type** |  |
| **Percentage of Benefits** |  |
| **Duties** |  |
| **Total** |  |

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| --- | --- |
| **3.** | |
| **Name** |  |
| **Title** |  |
| **Staffing Reimbursement Type** |  |
| **Percentage of Benefits** |  |
| **Duties** |  |
| **Total** |  |

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| --- | --- |
| **4.** | |
| **Name** |  |
| **Title** |  |
| **Staffing Reimbursement Type** |  |
| **Percentage of Benefits** |  |
| **Duties** |  |
| **Total** |  |

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| --- | --- |
| **5.** | |
| **Name** |  |
| **Title** |  |
| **Staffing Reimbursement Type** |  |
| **Percentage of Benefits** |  |
| **Duties** |  |
| **Total** |  |

|  |  |
| --- | --- |
| **6.** | |
| **Name** |  |
| **Title** |  |
| **Staffing Reimbursement Type** |  |
| **Percentage of Benefits** |  |
| **Duties** |  |
| **Total** |  |

|  |  |
| --- | --- |
| **7.** | |
| **Name** |  |
| **Title** |  |
| **Staffing Reimbursement Type** |  |
| **Percentage of Benefits** |  |
| **Duties** |  |
| **Total** |  |

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| --- | --- |
| **8.** | |
| **Name** |  |
| **Title** |  |
| **Staffing Reimbursement Type** |  |
| **Percentage of Benefits** |  |
| **Duties** |  |
| **Total** |  |

|  |  |
| --- | --- |
| **9.** | |
| **Name** |  |
| **Title** |  |
| **Staffing Reimbursement Type** |  |
| **Percentage of Benefits** |  |
| **Duties** |  |
| **Total** |  |

|  |  |
| --- | --- |
| **10.** | |
| **Name** |  |
| **Title** |  |
| **Staffing Reimbursement Type** |  |
| **Percentage of Benefits** |  |
| **Duties** |  |
| **Total** |  |

**Additional Detail (Optional)**

**In no more than one paragraph, please describe how you engaged staff in your COVID-19 prevention, mitigation, and response.**

*Ex. We extended the hours of our janitorial staff to sanitize classrooms against COVID-19. We hired a school nurse to conduct COVID-19 tests and report on the results.*