

EMPLOYEE RIGHTS

PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

The Families First Coronavirus Response Act (FFCRA or Act) requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

► PAID LEAVE ENTITLEMENTS

Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,110 total;
- ⅔ for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at ⅓ for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

► ELIGIBLE EMPLOYEES

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). *Employees who have been employed for at least 30 days* prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.

► QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to telework, because the employee:

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| <ol style="list-style-type: none">1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;2. has been advised by a health care provider to self-quarantine related to COVID-19;3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2); | <ol style="list-style-type: none">5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services. |
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► ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

For additional information
or to file a complaint:

1-866-487-9243

TTY: 1-877-889-5627

dol.gov/agencies/whd



WH1422 REV 03/20



REQUEST FOR EMERGENCY SICK LEAVE

Please complete the form by answering all seven (7) questions and leaving **NO** fields blank.

1. Employee's full name: _____ Employee #: _____
2. Employee's phone number/email address: _____
3. Division/Department/Unit in which employee is regularly employed: _____
4. Employee's job title: _____ FT or PT? _____ Average weekly Hours: _____
5. Employee is seeking Emergency Sick Leave for one of the following reasons:
 - Employee is ordered to be quarantined or isolated by federal, state, or local order due to COVID-19.
 - Employee is advised by a health care provider to self-quarantine related to COVID-19.
 - Employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.
 - Employee is caring for an individual subject to a federal, state, or local quarantine or isolation order or who is advised by a health care provider to self-quarantine due to concerns with COVID-19.
 - a) Name of individual being cared for: _____
 - b) Relationship to employee: _____
 - Employee is caring for his or her child because of the closure of school or the unavailability of childcare due to COVID-19.
 - a) Name and date of birth of child (ren): _____
 - b) Name of school and or childcare: _____
 - Employee is experiencing any substantially similar condition as specified by the federal government.
6. Date on which requested Emergency Sick Leave is to commence: _____
7. Intermittent: Yes No If so, please indicate how often (twice a week, every third day, etc.): _____

By signing below, the employee acknowledges they have read and understand the Emergency Leave Policy and the answers given above are true to the best of their knowledge and belief.

Employee's Signature /or Completed by, if employee is unavailable*

Date

*person completing form should print name legibly and attach supporting documentation (email, texts, etc.)

COMPLETED FORMS SHOULD BE SENT TO HR-BENEFITS FOR PROCESSING





REQUEST FOR EXPANDED FAMILY MEDICAL LEAVE FOR CHILDCARE

Please complete the form by answering all twelve (12) questions and leaving **NO** fields blank

1. Employee's full name: _____ Employee #: _____
2. Employee's address: _____
3. Employee's phone number/email address: _____
4. Division/Department/Unit in which employee is regularly employed: _____
5. Employee's job title: _____
Regular work hours: _____ Date of hire: _____
6. Employee is seeking Expanded Family Medical Leave [Exp. FMLA code] for CHILDCARE and meets the following requirements:
 - Employed with LFUCG for at least 30 calendar days.
 - Is unable to work or telework due to a need to care for a child under the age of 18 because school and/or daycare closure.
7. Name and date of birth of child (ren):

8. Name school and/or childcare: _____
9. Date on which requested X-FML is to commence: _____
10. Date on which X-FML is expected end: _____
11. Date employee expects to return to work: _____
12. Intermittent: Yes No If so, please indicate how often (twice a week, every third day, etc.):

By signing below, the employee acknowledges they have read and understand the Expanded Family Leave Policy and meets the criteria for eligibility.

Employee's Signature

Date

COMPLETED FORMS SHOULD BE SENT TO HR-BENEFITS FOR PROCESSING



Reference Guidelines: Emergency Operations during Widespread Illness – Borrowing Sick Leave

During an emergency, our first concern is the health and safety of our employees. Below, for your convenience, are general policy guidelines that address circumstances that may arise during times of widespread illness when an employee’s leave balances are exhausted.

Applicability

These policy guidelines are applicable to all full-time and part-time employees, except those sworn employees covered by a collective bargaining agreement, who are eligible for sick and vacation accruals, but do not have enough leave to utilize during emergency operations due to widespread illness. These policy guidelines are in effect during a state of emergency declared by the Mayor.

Policy Guideline: Borrowing Sick Leave

Reporting to Work

When government offices are open, employees are expected to report to work under normal conditions. However, employees who are sick are encouraged to stay home.

Sick Leave Policy

Under normal circumstances, eligible employees may be required to use sick leave for absence(s) due to illness and may even be required to provide a doctor’s note for the absence(s). However, during emergency operations due to widespread illness, eligible employees may use any available leave category and will not be required to provide a note to validate the illness.

Reporting Time

Record all time worked as REG – Regular Base Compensation. Record any time off to a legitimate leave category (i.e. Sick, Vacation, Holiday or Compensatory Time, if eligible).



Exhausted Leave Balances

Due to the extenuating circumstances of widespread illness, if an employee has exhausted all leave balances, but must remain on leave due to illness, the employee may “borrow” from future sick leave accruals. That is, once balances are exhausted the employee shall report any additional approved time off due to illness as PAT – Paid Away Time. Once the employee returns to work, the total number of hours charged to PAT will be calculated and future sick leave accruals will be reduced until the balance of “borrowed” hours equals zero.

As an example, in March, an employee with less than ten (10) years of service is required to utilize eighty (80) hours of sick leave due to illness, but only has fifty (50) total hours of banked leave. Action steps are as follows:

- Employee reports all fifty (50) hours of leave, then reports thirty (30) hours of PAT.
- As the employee accrues leave in April, May and June, the sick leave accrual will be reduced each month by ten (10) hours, thus recouping the “borrowed” sick leave.
- Once the “borrowed” time has been restored, the employee will continue to accrue as usual.

	Vacation	Sick	“Borrowed” Sick (Reported as PAT)
Beginning Balance	30	20	
March - needs to use 80 hours due to illness	-30 = 0	-20 = 0	30
April	+10 = 10	+10 – 10 = 0	-10 = 20
May	+10 = 20	+10 – 10 = 0	-10 = 10
June	+10 = 30	+10 – 10 = 0	-10 = 0
July	+10 = 40	+10 = 10	

Restoring Time Upon Separation

Should an employee with a “borrowed” balance choose to separate for any reason, any remaining sick, vacation and/or holiday balance shall be reduced by the amount owed in an effort to restore time “borrowed” to LFUCG.

Please contact Winona Embry in Payroll with any questions or concerns at (859)258-3034.

Issued March 10, 2020

