



City of Marysville Covid 19 Response Act Leave Policy

On March 18, 2020, in response to the COVID-19 pandemic, and in an effort to reduce the impact of the virus on American families, Congress passed the Families First Coronavirus Response Act. This Act is effective April 1, 2020 and provides emergency paid sick leave (EPSL) for all City employees who qualify (Fire, Police, Teamsters and Management). This policy explains the EPSL provisions and makes temporary changes to employees' use of sick and vacation leave banks.

Emergency Paid Sick Leave (EPSL):

1. From April 1, 2020 through December 31, 2020, all employees can take Emergency Paid Sick Leave up to 80 hours as follows:
 - A. Full Time Employees are entitled to Emergency Paid Sick Leave at their regular rate of pay if they are unable to work or telecommute for the following reasons (*Part time employees are entitled paid sick time equal to the number of hours that such an employee works, on average, over a two-week period*):
 - (1) The employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19. (Quarantine and isolation orders are defined by the CDC and do not include "shelter in place" orders.)
 - (2) The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
 - (3) The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.
 - B. Employees are entitled to Emergency Paid Sick Leave at two-thirds (2/3) of the employee's regular rate of pay (the remaining 1/3 can be supplemented with the employee's leave banks) if they are unable to work or telework because:
 - (4) The employee is caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19; or has been advised by a health care provider to self-quarantine due to concerns related to COVID-19 as described in Section A (1) or A (2) above.
 - (5) The employee is caring for a child because the school or place of care regularly attended by their child is closed, and/or their childcare provider is unavailable due to COVID-19 precautions.
 - (6) The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services. (The statute does not provide any guidance on what this language means. It is believed Congress intended to insert a placeholder to expand eligibility later if an unexpected need arises; therefore, eligibility under this item is subject to future update and clarification by Congress).
 - C. Under the Act, the City may deny this leave to any emergency personnel (i.e. Police Officer, Firefighter, etc.). The City does not intend to do so, but reserves the right, as a last resort, if staffing levels become critical.

- D. Leave taken as Emergency Paid Leave is in addition to any other leave accrued and does not accrue beyond 80 hours. Unused leave does not carryover for any employees.
- E. Emergency Paid Leave is protected when used for the reasons specified above.
- F. Employees shall request leave as soon as practicable and shall certify the need for leave in writing at the time of the request.
- G. An employee, or employee's family member, who is diagnosed with COVID-19 may be eligible for leave under already existing Family Medical Leave Act and California Family Rights Act Leave. These leaves would run concurrently, they are not paid leave, although the employee could use his or her accruals.

Emergency Family and Medical Leave Expansion Act (EFMLEA)

An employee, or employee's family member, who is diagnosed with COVID-19 may be eligible for leave under already existing Family Medical Leave Act and California Family Rights Act Leave. These leaves would run concurrently, they are not paid leave, although the employee could use his or her accruals.

1. From April 1, 2020 through December 31, 2020, all employees can take EFMLEA Leave as follows:
 - A. Employees are eligible for up to 12 weeks of job-protected EFMLEA leave if the following requirements are met:
 - (1) The employee has worked for the City for at least 30 calendar days;
 - (2) The employee is unable to work (or telecommute) due to a need to care for the son or daughter (under 18 years of age) whose school or place of care has been closed, or whose childcare provider is unavailable due to a COVID-19 emergency declared by either a Federal, State, or local authority;
 - (3) The employee provided reasonable notice of the need for the leave; and
 - (4) The employee has not exhausted Family Medical Leave Act during the prior 12 months and thus is eligible to receive up to 12 weeks of protected EFMLEA leave.
 - B. The first 10 days of EFMLEA leave may consist of unpaid leave unless the employee elects to utilize accumulated leaves, including City Emergency Leave or Federal Emergency Paid Sick Leave. For the remaining 10 weeks, an employee is entitled to paid leave at two-thirds of the employee's regular rate of pay. However, paid leave is subject to a cap of \$200 per day and \$10,000 total.
 - C. Employees out on EFMLEA leave are entitled to reinstatement to their prior position unless the position held by the employee does not exist due to economic conditions or other changes in operating conditions caused by a public health emergency during the period of leave.

If the City is unable to restore the employee to the position they held prior to their leave, the City will notify the employee if an equivalent position becomes available within 1-year of the date the public health emergency concludes, or the date which is 12 weeks after the employee started their Emergency Family and Medical Leave (whichever date is earlier). Notification shall be by regular mail to the employee's address on file.

- D. Under the Act, the City may deny EFMLEA leave to any emergency personnel (i.e. Police Officer, Firefighter, etc.) employee. The City does not intend to do so, but reserves the right, as a last resort, if staffing levels become critical.
- E. Employees shall request EFMLEA leave as soon as practicable and shall certify the need for leave in writing at the time of the request.
- F. The provisions of this section shall expire on December 31, 2020 or when EFMLEA is no longer effective.

Certification Process for Leave under Emergency Paid Sick Leave or the Emergency Family and Medical Leave Expansion Act

1. Employees who request leave under Emergency Paid Sick Leave may be asked to provide documentation in accordance with the City Personnel Policy and CDC guidelines. This could be fulfilled by:
 - A. Written documentation by a health care provider advising the employee to self-quarantine due to concerns related to COVID-19.
2. Employees who request leave under the Emergency Paid Sick Leave or EFMLEA to care for a child whose school or place of care is closed, or childcare provider is unavailable due to COVID-19 related reason, must provide documentation that childcare is unavailable. This could be fulfilled by:
 - A. A written statement from an employee of the school his or her child attends; or
 - B. A notice of closure or unavailability from the child's place of care or childcare provider, including a notice that may have been posted on a day care website or emailed to the employee from a place of care or childcare provider.

Sources:

- [California Issues Directive to Fight COVID-19](#)
- [Families First Coronavirus Response Act: Employee Paid Leave Rights](#)
- [Families First Coronavirus Response Act: Employer Paid Leave Requirements](#)
- [Family and Medical Leave Act](#)



City of Marysville
Request for Emergency Family Medical Leave Expansion
Act (EFMLEA) and/or Emergency Paid Sick Leave (EPSL)

Employee Name _____ Date of Request _____

Department _____ Position Title _____

Hire Date _____

I am requesting (check one or both):

_____ Emergency Family and Medical Leave Expansion Act ("EFMLEA")

_____ Emergency Paid Sick Leave ("EPSL")

If approved for EFMLEA, the first 10 days of this leave are unpaid but you have the option to substitute your pay during those 10 days with any available accrued vacation personal, sick, or EPSL.

If you are requesting EFMLEA and want to substitute your pay for the first 10 days with EPSL, check both options above and complete both Sections of this form.

If you are requesting EFMLEA and want to substitute your pay for the first 10 days with leave other than EPSL, complete Section One of this form and request the vacation, personal, or sick leave as you would normally.

Employee Signature _____

SECTION ONE: REQUEST FOR EFMLEA

I am requesting EFMLEA for the following reason (check one):

_____ I am unable to work (including telework) due to a need for leave to care for my son or daughter under 18 years of age because my son or daughter's school or place of care has been closed due to a public health emergency.

_____ I am unable to work (including telework) due to a need for leave to care for my son or daughter under 18 years of age because the childcare provider of my son or daughter is unavailable due to a public health emergency.

- I am requesting EFMLEA begin on _____, 2020.
- I expect to use EFMLEA until _____, 2020.
- I am requesting to take EFMLEA on an intermittent basis: Yes No

I am requesting to take EFMLEA on an intermittent basis as follows:

_____.

I am requesting to take EFMLEA on an intermittent basis for the following reason(s):

_____.

I acknowledge that I may be denied EFMLEA or may be not granted the entirety of EFMLA requested if I have already previously used all or a portion of FMLA leave.

Employee Signature

I acknowledge that if approved for EFMLEA that the first 10 days of EFMLEA are unpaid but that I have the option to substitute my pay during those 10 days with any available accrued vacation personal, sick, or EPSL I may have.

Employee Signature

I acknowledge that I will not be approved for EFMLEA without a submitting documentation supporting the need to take EFMLEA. I am submitting with this request a true and correct copy of documentation in support of my need to take EFMLEA. I also acknowledge that I may also have to submit certifications related to my need to take EFMLEA.

Employee Signature

NOTE: Examples of acceptable supporting documentation include the following: a notice that has been posted on a government, school, or day care website, or published in a newspaper, or an email from an employee or official of the school, place of care, or childcare provider.

SECTION TWO: REQUEST FOR EPSL

I am requesting EPSL because I am unable to work or telework because of the following reason:

_____ I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.

_____ I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

_____ I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.

_____ I am caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

_____ I am caring for a son or daughter whose school or place of care has been closed, or whose childcare provider is unavailable, due to COVID-19 precautions.

_____ I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

o I am requesting EPSL begin on _____, 2020.

o I expect to use EPSL until _____, 2020.

o I am requesting to take EPSL on an intermittent basis:
 Yes No

I am requesting to take EPSL on an intermittent basis as follows:
_____.

I am requesting to take EPSL on an intermittent basis for the following reason(s):

_____.

I acknowledge that I will not be approved for EPSL without a submitting documentation supporting the need to take EPSL. I am submitting with this request a true and correct copy of documentation in support of my need to take EPSL. I also acknowledge that I may also have to submit certifications related to my need to take EPSL.

Employee Signature

NOTE: Examples of acceptable supporting documentation will vary depending on the reason for EPSL. A reference to the applicable Federal, State or local quarantine or isolation order related to COVID-19 applicable to the employee or written documentation by a health care provider advising the employee to self-quarantine due to concerns related to COVID-19 are examples of acceptable documentation. If EPSL is related to the need to care for a son or daughter, acceptable documentation includes a notice that has been posted on a government, school, or day care website, or published in a newspaper, or an email from an employee or official of the school, place of care, or child care provider.

For Human Resources Use:

Date: _____

Request for EFMLEA Approved:

Yes

No

Dates of Approved EFMLEA:

Request for EPSL Approved:

Yes

No

Dates of Approved EFMLEA:

NOTES:

Human Resources Director or Designee Name

Signature of Human Resources Director or Designee Name