

COVID-19 Related Leave for Non-Civil Service Employees

80 Hours of COVID-19 Leave

An employee must meet one of the following to qualify for up to two weeks (80 hours, or a part-time employee's two-week equivalent) of COVID-19 related leave. All of these will include a signed statement with (a) employee's name; (b) the date(s) for which leave is requested; (c) the COVID-19 qualifying reason for leave; and (d) a statement representing that the employee is unable to work or telework because of the COVID-19 qualifying reason.

Qualifying Reasons	Pay + Other Leave	Documentation
1. Is subject to a Federal, State, or local quarantine or isolation order related to COVID-19	Full Pay	1a. Signed statement + 1b. Name of governmental entity that issued quarantine/isolation order
2. Has been advised by a healthcare provider to self-quarantine related to COVID-19	Full Pay	2a. Signed statement + 2b. Name of healthcare provider who advised to self-quarantine
3. Is experiencing COVID-19 symptoms and is seeking a medical diagnosis	Full Pay	3a. Signed statement + 3b. Name of healthcare provider
4. Is caring for an individual* subject to an order described in (1) or self-quarantine as described in (2)	2/3 Pay May supplement with accrued sick, vacation, or k-time	4a. Signed statement + 4b. Name and relationship of individual + 4c. Either name of governmental entity with order or healthcare provider who advised quarantine
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**	2/3 Pay May supplement with accrued vacation or k-time (NOT SICK since the child is not sick)	5a. Signed statement + 5b. Name and age of son/daughter + 5c. Name of school, place of care, or childcare provider that closed + 5d. Statement that no other suitable person will be present or available to care for the child during the period of requested leave + 5e. Statement of special circumstances that create a need to care for a child older than 14 years of age.
6. Is experiencing any other substantially-similar condition specified by the U.S. HHS.	2/3 Pay May supplement with accrued vacation or k-time	6a. Signed statement + 6b. Description of substantially-similar condition

* Individual means an employee's immediate family member, a person who regularly resides in the employee's home, or a similar person with whom the employee has a relation that creates an expectation that the employee would care for the person if he or she were quarantined or self-quarantined. Individual does not include persons with whom the employee has no personal relationship.

** Definition of son or daughter is a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis who is either under 18 years of age or is 18 years of age or older and "incapable of self-care because of a mental or physical disability".

Emergency Family and Medical Leave Expansion Act (EFMLEA)

In addition, the new federal law allows employees to take up to 12 weeks of expanded family and medical leave to care for his or her child whose school or childcare provider is closed or unavailable for reasons related to COVID-19. The initial two weeks are unpaid, and the remaining 10 weeks are paid at 2/3 regular rate of pay. An employee may elect to take the 80 hours of paid COVID-19 Leave for the first two unpaid weeks of EFMLEA leave and then use the remaining paid EFMLEA 10 weeks. All 12 weeks would then be at 2/3 pay and may be supplemented with accrued vacation or k-time (not sick time since the child is not sick). The documentation is the same as #5 listed above.

Note: You are eligible for EFMLEA after employment with the City for at least 30 calendar days prior to the leave. You may take a total of 12 workweeks of leave during a 12-month period under the FMLA, including the EFMLEA. If you have already used 12 weeks of leave under FMLA, you are not eligible to use EFMLEA leave. EFMLEA expires on December 31, 2020.

Confidential Employee COVID-19 Statement

Employee's Name: _____

Dates of Leave: _____

Choose only one of the following COVID-19 Qualifying Reasons for Leave, and please attach supporting documentation:

_____ **1. Is subject to a Federal, State, or local quarantine or isolation order related to COVID-19.**

Name of Governmental Entity: _____

_____ **2. Has been advised by a healthcare provider to self-quarantine related to COVID-19.**

Name of Healthcare Provider: _____

_____ **3. Is experiencing COVID-19 symptoms and is seeking a medical diagnosis.**

Name of Healthcare Provider: _____

_____ **4. Is caring for an individual subject to an order described in (1) or self-quarantine as described in (2).**

Name of Individual: _____

Relationship: _____

Name of Gov Entity or Healthcare Provider: _____

_____ **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.**

Name of Son/Daughter: _____ Age: _____

Name of School/Childcare: _____

_____ **6. Is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.**

Description of condition: _____

I understand that any medical information I have provided on this statement will be kept confidential. I further understand that there are federally mandated payment caps dependent on my qualifying reason for leave.

I certify that all of the information provided is true and complete to the best of my knowledge. I also certify that I am unable to work or telework because of the COVID-19 qualifying reason. If I have selected Reason #5, I certify that there will be no other suitable person present or available to care for the child during the period of requested leave.

Employee Signature

Date