

Human Resources Policy Bulletin

City of Lincoln

Number: 2020-3

Date: April 1, 2020

Reference:	Title:
Emergency Paid Sick Leave Act, H.R. 6201, 116th Cong. § 3, Div. E., Sec. 5101 – Sec. 5111	Emergency Paid Sick Leave Act

I. PURPOSE

The purpose of this policy is to implement the Emergency Paid Sick Leave Act, H.R. 6201, 116th Cong. § 3, Div. E., Sec. 5101 – Sec. 5111, relating to the administration of certain benefits during the COVID-19 pandemic.

II. APPLICABILITY

This policy applies to all full-time, part-time, and temporary City employees, including probationary employees. This policy does not apply to on-call employees or seasonal employees. Emergency responders and health care providers are exempted from this policy

III. POLICY

A. An employee shall be entitled to Emergency Paid Sick Leave when the employee is unable to telework and meets one of the following conditions:

1. The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.
2. The employee has been advised by a health care provider or Federal, State, or local health authority to self-quarantine due to concerns related to COVID-19.
3. The employee is subject to a Federal, State, or local quarantine order related to COVID-19.
4. The employee is caring for an individual who:
 - a. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19; or
 - b. has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

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5. The employee is caring for the employee’s child if the school or place of care of the employee’s child has been closed, or the childcare provider of the employee’s child is unavailable, due to COVID–19 precautions.
6. The employee is experiencing any other substantially similar condition specified by the Secretary of HHS in consultation with the Secretary of the Treasury and the Secretary of Labor.

B. An employee shall be entitled to the following amounts of Emergency Paid Sick Leave:

1. For a use described in Section III.A.1, 2, 3, 4, 5 and 6:
 - a. A full-time employee is entitled to eighty (80) hours of Emergency Paid Sick Leave.
 - b. A part-time employee is entitled to a number of hours of Emergency Paid Sick Leave equal to the number of hours that such employee works, on average, over a 2-week period.
2. If an employee exhausts Emergency Paid Sick Leave and any applicable pandemic leave, the employee shall be entitled to use:
 - a. For any of the uses described in Section III.A.1, 2, 3, any accrued sick, vacation, and personal holiday (“Paid Leave”).
 - b. For the use described in Section III.A.4:
 - i. If the individual being cared for qualifies as an immediate family member under the Family and Medical Leave Act, any Paid Leave.

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- ii. If the individual being cared for does not qualify as an immediate family member, accrued vacation and personal holiday.
 - iii. For the use described in Section III.A.5, any accrued vacation and personal holiday.
- C. An employee who utilizes Emergency Paid Sick Leave for a use described in Section A.1, 2, 3, 4:
 - 1. Who is eligible for Family and Medical Leave will be required to comply with the City's Family and Medical Leave Policy except that the employee will be allowed to utilize any applicable Emergency Paid Sick Leave before being required to utilize accrued Paid Leave.
 - 2. Who is ineligible for Family and Medical Leave will be required to provide documentation from a health care provider that she or he is experiencing symptoms of COVID-19 and is seeking treatment. An employee who is ineligible for Family and Medical Leave will also be required to provide medical certification that she or he is fit to return to duty.
- D. Department Directors are authorized to utilize telework consistent with department needs and requirements. Employees are encouraged to discuss telework options with their directors.
- E. Regarding payment while on Emergency Sick Leave, paid leave shall be provided for qualifying reasons for the specified duration. For reasons A. 1, 2, and 3 the employee shall receive their full regular base rate of pay capped at \$511.00 per day with an aggregate of \$5110.00 total. For reasons A. 4,5 and 6 the employee will receive 2/3 regular base rate of pay capped at \$200.00 per day with an aggregate of \$2000.00 The Emergency Paid Sick Leave; and the Expanded Paid Emergency Family Medical Leave as provided by the Families First Coronavirus Response Act (FFCRA) are not

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compensation or wages for purposes of FICA with holding as defined by the Internal Revenue Code. Accordingly, the pay received associated with these three paid leaves will not have accruals such as sick leave or vacation but will apply toward retirement match or pension contributions.

IV. SCOPE

Where the provisions of this policy conflict with the Lincoln Municipal Code, or any labor contracts, the provisions of this policy shall control.

V. DURATION

This policy is effective April 1, 2020. This policy is temporary in nature, and the benefits described herein shall be applicable only during the period during which this policy is effective. Nothing in this policy shall be construed as creating a vested benefit: there shall be no financial or other reimbursement to an employee upon the termination of this policy or upon the employee's termination, resignation, retirement, or other separation from employment for Emergency Paid Sick Leave that has not been used by such employee. This policy shall terminate on December 31, 2020.



Doug McDaniel
Human Resources Director

4-8-2020

Date



Leirion Gaylor Baird
Mayor

April 8, 2020

Date

CITY OF LINCOLN
APPLICATION FOR EMERGENCY PAID SICK LEAVE ACT

Name of Employee: _____
(Please Print Legibly)

Last 4 Digits of Social Security Number: XXX - XX - ____ ____ ____ ____

Department: _____

Home Address: Street: _____

City: _____ State: _____ Zip: _____

Start Date of Anticipated Leave: _____

Expected Date of Return to Work: _____

Reason for Leave (Mark One):

_____ (III.A.1)-Experiencing symptoms of COVID-19 and seeking a medical diagnosis; or

_____ (III.A.2)-Advised by a health care provider or Federal, State, or local health authority to self-quarantine due to concerns related to COVID-19; or

_____ (III.A.3)-Subject to a Federal, State, or local quarantine order related to COVID-19; or

_____ (III.A.4)-To care for an individual who:

_____ (III.A.4.a)-Is subject to a Federal, State, or local quarantine or isolation order related to COVID-19; or

Name of individual _____ Relationship: _____

_____ (III.A.4.b)-Has been advised by a health care provider to self-quarantine due to concerns related to COVID-19; or

Name of individual _____ Relationship: _____

_____ (III.A.5)-To care for a child under 18 years of age if the child's school or place of care has been closed, or the child care provider is unavailable due to COVID-19 precautions; or

_____ (III.A.6)-Experiencing any other substantially similar condition specified by the Secretary of HHS in consultation with the Secretary of the Treasury and the Secretary of Labor

Note: All leave requests must be accompanied by a verifying medical certification from a health care provider **except** for those leave requests to care for a child under 18 years of age if the child's school or place of care has been closed, or if the child care provider is unavailable due to a public health emergency with respect to the COVID-19 pandemic.

**I understand that to maintain my health insurance benefits during this leave I must continue to pay my share of my health insurance as it comes due.

**I understand that failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing by the Human Resources Director.

****The Emergency Paid Sick Leave; and the Expanded Paid Emergency Family Medical Leave as provided by the Families First Coronavirus Response Act (FFCRA) are NOT compensation or wages for purposes of FICA withholding as defined by the Internal Revenue Code. Accordingly, the pay received associated with these two paid leaves will not have accruals such as sick leave or vacation, but will apply toward retirement match or pension contributions.**

Employee's Signature: _____ Date: _____

Approved By:

Department Head or Designee

Date

Human Resources Director

Date