

Human Resources Policy Bulletin

Lancaster County

Number: 2020-3

Date: April, 2020

Reference:	Title:
Emergency Paid Sick Leave Act, H.R. 6201, 116th Cong. § 3, Div. E., Sec. 5101 – Sec. 5111; Emergency Family and Medical Leave Expansion Act, H.R. 6201, 116th Cong. § 3, Div. C, Sec. 3101 – Sec. 3106 Supersedes Human Resources Policy Bulletin 2020-2	Paid Pandemic Leave; Emergency Paid Sick Leave; Emergency Family and Medical Leave

I. PURPOSE

The purpose of this policy is to implement pandemic leave, the Emergency Paid Sick Leave Act, H.R. 6201, 116th Cong. § 3, Div. E., Sec. 5101 – Sec. 5111, and the Emergency Family and Medical Leave Expansion Act, H.R. 6201, 116th Cong. § 3, Div. C. Sec. 3101 – Sec. 3106, relating to the administration of certain benefits during the COVID-19 pandemic.

II. APPLICABILITY

This policy applies to all County employees, including probationary employees.

III. PAID PANDEMIC LEAVE AND EMERGENCY PAID SICK LEAVE

A. An employee shall be entitled to Paid Pandemic Leave or Emergency Paid Sick Leave when the employee is unable to telework and:

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.

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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.

The individual being cared for in Section III.A.4.a and 4.b must be an immediate family member, roommate, or a similar person with whom the employee has a relationship that creates an expectation that the employee would care for the person.

- 5. The employee is caring for the employee's son or daughter if the school or place of care of the employee's son or daughter has been closed, or the child care provider of the employee's son or daughter is unavailable, due to COVID-19 precautions.
- 6. The employee is subject to a Federal, State, or local isolation order related to COVID-19.
- 7. The employee is 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.

B. An employee shall be entitled to Paid Pandemic Leave during the period March 16, 2020, through March 31, 2020.

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1. An employee shall be entitled to the following amounts of Paid Pandemic Leave:
 - a. A full-time employee is entitled to eighty (80) hours of Paid Pandemic Leave.
 - b. A part-time employee is entitled to Paid Pandemic Leave in an amount equal to the number of hours that such employee works, on average, over a 2-week period.
2. If an employee exhausts Paid Pandemic Leave prior to April 1, 2020, the employee shall be entitled to use:
 - a. For any of the uses described in Section III.A.1, 2, 3, 6, and 7 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.
 - ii. If the individual being cared for does not qualify as an immediate family member, accrued vacation and personal holiday.
 - c. For the use described in Section III.A.5, any accrued vacation and personal holiday.

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C. Beginning April 1, 2020, through December 31, 2020, an employee shall be entitled to Emergency Paid Sick Leave.

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

a. For a use described in Section III.A.1, 2, 3, 4, 5, and 7:

1. A full-time employee is entitled to eighty (80) hours of Emergency Paid Sick Leave.
2. 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.
3. A part-time employee with a varying weekly work schedule is entitled to a number of hours of Emergency Paid Sick Leave equal to fourteen times the average number of hours that the employee was scheduled to work per calendar day over a 6-month period ending on the date which the employee takes Emergency Paid Sick Leave.

b. For a use described in Section III.A.6:

1. A full-time employee is entitled to eighty (80) hours of Emergency Paid Sick Leave. If a full-time employee exhausts the eighty (80) hours of Emergency Paid Sick Leave and continues to be isolated by order of a Federal, State, or local public health authority or a health care provider, then such employee shall be entitled to up to eighty (80) additional hours of Emergency Paid Sick Leave.

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2. A part-time employee is entitled to paid Emergency Paid Sick Leave in an amount equal to the number of hours that such employee works, on average, over a 2-week period. If a part-time employee exhausts Emergency Paid Sick Leave in the amount equal to the number of hours that such employee works, on average, over a 2-week period, and such employee continues to be isolated by order of a Federal, State, or local public health authority or a health care provider, then such employee shall be entitled to up to eighty (80) additional hours of Emergency Paid Sick Leave.
 3. A part-time employee with a varying weekly work schedule is entitled to a number of hours of Emergency Paid Sick Leave equal to fourteen times the average number of hours that the employee was scheduled to work per calendar day over a 6-month period ending on the date which the employee takes Emergency Paid Sick Leave.
2. If an employee exhausts paid Emergency Paid Sick Leave prior to December 31, 2020, the employee shall be entitled to use:
- a. For any of the uses described in Section III.A.1, 2, 3, 6, and 7 any 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.

c. For the use described in Section III.A.5, any accrued vacation and personal holiday.

D. An employee who utilizes Paid Pandemic Leave or Emergency Paid Sick Leave for a use described in Section III.A.1, 2, 3, 4, 6, and 7:

1. Who is eligible for Family and Medical Leave will be required to comply with the County’s Family and Medical Leave Policy except that the employee will be allowed to utilize any applicable Paid Pandemic Leave and 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 therefor. 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.

V. EMERGENCY FAMILY AND MEDICAL LEAVE

A. Beginning April 1, 2020, through December 31, 2020, an employee shall be eligible for Emergency Family and Medical Leave when:

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1. The employee has been employed by Lancaster County for at least 30 calendar days; and
 2. The employee is unable to work or telework due to a need for leave to care for the employee's son or daughter under 18 years of age if the school or place of care has been closed, or the child provider of such son or daughter is unavailable, due to an emergency with respect to the COVID-19 pandemic declared by a Federal, State, or local authority; and
 3. The employee has provided her or his supervisor with notice of the necessity of Emergency Family and Medical Leave; and
 4. The employee has not exhausted her or his Family and Medical Leave entitlement in the applicable 12-month period.
- B. An eligible employee shall be entitled to a total of 12 workweeks of Family and Medical Leave, including Emergency Family and Medical Leave, during a 12-month period. An eligible employee is limited to a total of 12 workweeks of Family and Medical Leave, even if the applicable time period (April 1 to December 31, 2020) spans two 12-month periods under the FMLA. The Emergency Family and Medical Leave entitlement does not expand the total Family and Medical Leave Act entitlement beyond 12 workweeks during the 12-month period. For example, if an employee takes some, but not all 12, workweeks of Emergency Family and Medical Leave by December 31, 2020, the employee may take the remaining portion of FMLA leave for a serious health condition, as long as the total time taken does not exceed 12 workweeks in a 12-month period.
- C. An eligible employee shall be entitled to the following unpaid and paid leave:

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1. The first two weeks for which an employee takes Emergency Family and Medical Leave shall be unpaid unless the employee elects to substitute Emergency Paid Sick Leave or any accrued Paid Leave for first two weeks.
 2. Any remaining Emergency Family and Medical Leave shall be paid as follows:
 - a. In an amount that is not less than two-thirds (2/3) of an employee's regular rate of pay for the number of hours the employee would be normally scheduled to work.
 - b. In no event shall such paid Emergency Family and Medical Leave exceed \$200 per day and \$10,000 in the aggregate.
 - c. An employee may elect to utilize accrued Paid Leave to supplement the amount the employee receives in Section V.C.2.a.
- D. Emergency responders and health care providers are excluded from taking Emergency and Family Medical Leave. For purposes of this policy, "emergency responder" means employees who are necessary for the provision of transport, care, health care, comfort, and nutrition of patients, or whose services are otherwise needed to limit the spread of COVID-19, and includes:
1. Law enforcement officers.
 2. Correctional institution personnel.
 3. Emergency Management personnel.
 4. Public works personnel.
 5. Public health personnel.

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6. Employees with skills or training in operating specialized equipment or other skills needed to provide aid in a declared emergency as well as individuals who work for such facilities employing these individuals and whose work is necessary to maintain the operation of the facility.

VI. SUPPORTING DOCUMENTATION

- A. An employee requesting Emergency Paid Sick Leave or Emergency Family and Medical Leave shall provide the following documentation in her or his written request:
 1. The employee's name;
 2. The date or dates for which leave is requested;
 3. A statement of the COVID-19 related reason the employee is requesting leave and written support for such reason; and
 4. A statement that the employee is unable to work or telework because of the COVID-19 related reason.
- B. In the case of a leave request for Emergency Paid Sick Leave for a use described in Section III.A. 2, 3, 4, and 6, the written request should include the health care provider or Federal, State, or Local health authority ordering quarantine or isolation, or advising self-quarantine, and, if the person subject to quarantine, isolation, or advised to self-quarantine is not the employee, that person's name and relation to the employee.
- C. In the case of a leave request for Emergency Paid Sick Leave for use described in Section III.A.5. or Emergency Family and Medical Leave, the written request should

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include the name and age of the child (or children) to be cared for, the name of the school that has closed or place of care that is unavailable, and a representation that no other person will be providing care for the child during the period for which the employee is receiving Emergency Paid Sick Leave or Emergency Family and Medical Leave, and, with respect to the employee's inability to work or telework because of a need to provide care for a child older than fourteen during daylight hours, a statement that special circumstances exist requiring the employee to provide care.

TELEWORK

For purposes of this policy, telework is when the County, as an employer, has permitted or allowed an employee to perform work while the employee is at home or at a location other than the employee's normal workplace. If an employee is able to telework, the employee is not eligible for Pandemic Leave, Emergency Paid Sick Leave, or Emergency Family and Medical Leave. Department Heads and Elected Officials are authorized to utilize telework consistent with department needs and requirements. Employees are encouraged to discuss telework options with their supervisors.

VII. SCOPE

Where the provisions of this policy conflict with the Lancaster County Personnel Rules, any Resolutions adopted by the Lancaster County Board of Commissioners, or any labor contracts, the provisions of this policy shall control.

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VIII. DURATION

This policy is effective March 16, 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 and Emergency Family and Medical Leave that has not been used by such employee. This policy shall terminate on December 31, 2020.

This policy supersedes Human Resources Policy Bulletin 2020-2.



Doug McDaniel
Human Resources Director

April 6, 2020

Date



Sean Flowerday, Chair
Board of County Commissioners

4-7-2020

Date

LANCASTER COUNTY
APPLICATION FOR EMERGENCY PAID SICK LEAVE

Name of Employee: _____
(Please Print Legibly)

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

Department: _____

Home Address: Street: _____

City: _____ State: _____ Zip: _____

Date or Dates of Leave Requested: _____

Reason for Leave (Mark One):

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

____ (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

Name of health care provider or health authority: _____

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

Name of health care provider or health authority: _____

____ (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

Name of individual _____ Relationship: _____

Name of health care provider or health authority: _____

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

Name of individual _____ Relationship: _____

Name of health care provider or health authority: _____

____ (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

Name and Age of Child: _____

Name of school or place of care that has been closed or unavailable: _____

I represent that no other person will be providing care for the child during the dates requested:

I represent that the following special circumstances exist to care for my child older than 14 during daylight hours: _____

_____ (III.A.6)- Subject to a Federal, State, or local isolation order related to COVID-19

Name of health care provider or health authority: _____

_____ (III.A.7)-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

_____ For the date or dates I am requesting Emergency Paid Sick Leave, I am unable to Work or
Telework

Note: 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 through these two paid leaves will not accrue sick leave or vacation leave, but will apply toward retirement match or pension contributions.

Employee's Signature: _____ Date: _____

Approved By:

Department Head or Designee

Date

Human Resources Director

Date